STATE TITLE V BLOCK GRANT NARRATIVE
STATE: GA
APPLICATION YEAR: 2006

I. GENERAL REQUIREMENTS

A. LETTER OF TRANSMITTAL

The Letter of Transmittal is to be provided as an attachment to this section.

B. FACE SHEET

A hard copy of the Face Sheet (from Form SF424) is to be sent directly to the Maternal and Child Health Bureau.

C. ASSURANCES AND CERTIFICATIONS

Georgia'sassurances and certifications are available on file in the state' Title V agency, the Department of Human Resources, Division of Public Health's Family Health Branch (2 Peachtree Street, Atlanta, Georgia 30303; 404/657-2850).

D. TABLE OF CONTENTS

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published June, 2003; expires May 31, 2006.

E. PUBLIC INPUT

The Georgia Department of Human Resources (DHR) and its Family Health Branch (FHB) recognize the importance of public participation in the planning and implementation of maternal and child health (MCH) services. Public input is obtained in a variety of ways. DHR conducts annual public hearings. The Georgia Legislature's House and Human Services Budget Subcommittee holds a public hearing yearly on seven federal block grants, including the MCH Block Grant. The 2005 Georgia Legislature held its annual block grant review in January 2005. To facilitate local input into the state's Title IV application as well as state-level planning, FHB utilizes and publicizes an email address (mchblock@dhr.state.ga.us) and web pages (http://health.state.ga.us/programs/familyblockgrant/index.shtml). As part of Georgia's 2005 MCH needs assessment process, eight focus groups, comprised of a cross section of MCH stakeholders, providers, and consumers including parents of children with special needs, members of the Latin-American community, parent advocates, and teens, were held statewide in urban and rural locations. In addition, key informant interviews and web-based surveys were conducted, focusing on needs, gaps, barriers, emerging issues, and what was working well in Georgia's MCH System. The information obtained in the focus groups and stakeholder interviews was utilized in establishing the state's MCH priorities. (See Section II. for Georgia's 2005 MCH needs assessment.)

II. NEEDS ASSESSMENT

In application year 2006, the Needs Assessment must be provided as an attachment to this section.

III. STATE OVERVIEW

A. OVERVIEW

STATE PROFILE: Georgia is the largest state east of the Mississippi River with the country's ninth largest population, moving from eleventh to ninth over the past ten years. The state's growth over the last decade comes from a combination of natural increase (i.e., births versus deaths), domestic and international migration. In 2004, the U.S. Census Bureau estimated that Georgia's population was 8,829,383, an increase of 152,923 since 2003. Georgia is the fifth fastest growing state nationally, both numerically and percentage-wise. By 2010, the state's population is projected to grow to 9.6 million.

RACE/ETHNICITY: Data from the 2000 Census, the latest available data, highlights the exceptional growth and increasing diversity of Georgia. The state's population growth is double the national average (13.2%). This growth is driven by natural increase (i.e., births versus deaths), domestic and international migration. About one in four of the state's current residents did not live here ten years ago. Georgia is now the 13th top destination for international immigrants and second for domestic migrants. Much of this escalation is concentrated in the 28-county Atlanta Metropolitan Statistical Area (MSA), which drew two-thirds of the overall state increase over the past ten years. Metro Atlanta ranked 15th in the U.S. in net international migration in the decade between 1990 and 2000.

Georgia is the most popular choice for Blacks moving from other states. It ranks 3rd nationally in the number of Blacks and 5th in the percentage of Blacks in the overall population of the state. Atlanta experienced an 84 percent growth in middle- and upper-income Blacks between 1990 and 2000. The Atlanta MSA has the nation's highest percentage of Black middle-income households (38 percent), with more than half of the households earning at least $35,000.

The numbers of Asians and Hispanics in Georgia have shown dramatic increases, which are projected to continue. Prior to the 1990's, almost all of the foreign born people living in Georgia were either migrant agricultural workers or a small nucleus Southeast Asians and Mexicans in the core Atlanta area. With the booming economy in the early 1990s, these already settled residents, mostly men, brought relatives, friends and neighbors to the state. Latinos, primarily Mexicans, are the most rapidly growing minority group and now reside throughout Georgia. In the 2000 Census, Georgia ranked 23rd nationally in its Hispanic/Latino population, with the growth being the fourth fastest in the nation. The state's Hispanic population increased three-fold and in 2000 constituted 5.3% of the state population. 2004 data indicate about 6% of all Georgians and 7.5% of those in metro Atlanta are Hispanic.

Asians have a long immigration history which until recently consisted of small numbers of Koreans and Chinese settling in the metro Atlanta area. Over the past 15 years, the number of Asians has increased along with significant diversification. Large numbers have arrived from Southeast Asia and the Indian subcontinent and have settled in the state's metro areas. Asians comprised 25% of foreign-born Georgians in 2000. Indians now constitute the largest Asian population group in the state with a 271% increase during the 1990s, ranking 7th in numeric growth of the population and 4th in terms of percent increase. Eastern Europeans and Africans have also migrated to Georgia recently. Immigrants have arrived from the former Soviet republics and Soviet block nations, including former Yugoslavia. Africans have arrived as refugees from Ethiopia, Somalia, and Eritea; Africans from other nations have arrived seeking economic opportunities. Arabic immigrants are relatively new in Georgia and include Muslims from Africa and the Middle East.

The number of undocumented immigrants in Georgia is estimated by the Immigration and Naturalization Service to have increased six-fold since 1996, with an estimated 228,000 undocumented immigrants in 2000. Their arrival, mostly Mexican nationals, has been driven by job opportunities around the state such as the textile and poultry plants in north Georgia, service industries in metro Atlanta, and agricultural operations in south Georgia.

AGE: Georgia's population continues to grow younger compared to the U.S. as a whole, ranking 6th

in terms of the lowest median age. This trend represents a combination of a baby boom and huge numbers of young professionals from other parts of the country and working age immigrants moving to Georgia. The state ranks 4th nationally in the percent of its population who are of working age.

A total of 1,026,000 families with children age 17 or younger lived in Georgia in 2000. Sixty-six percent of all married families have children this age, ranking Georgia seventh nationally. Georgia was one of five states with more than a 25% increase in the number of children between 1990 and 2000, trailing Nevada, Arizona, Colorado, and Florida.

FAMILY HOUSEHOLD TYPES: Between 1990 and 2000, the number of married couple households with children dropped 2.4 percent in Georgia to 24.37% of households. The number of female headed households with children increased by 0.6% to 8.6% of all households and percent of male headed households with children increased by the same amount to 2.0 %. Both parents are in the labor force in 60% of the households with children under the age six and 70% of the households with children between six and 17 years of age.

Georgia ranks 21st in terms of grandparents as primary caregivers. In 2000, 193,825 grandparents lived with their grandchildren and of those, 47.6% or 92,261 grandparents are primary caregivers in households without the parents of their grandchildren. One out of every 13 Georgia children is living with a grandparent, with the figure higher among Black children, just under one out of every eight. A Census Bureau study revealed that in one-third of such homes, the biologic parent is gone, dead, or jailed. Substance abuse is found in 70% of parents of the children who are being raised by a grandparent. The role of grandparents or other extended family members becomes particularly important in providing parenting support to the state's young unwed mothers. The percent of births to unmarried females has increased from 37% of all births in 1999 to 38% in 2003.

EDUCATIONAL ATTAINMENT: In 2003, 1,807,000 Georgians age three to 18 were enrolled in school. Of these youth, 298,000 were enrolled in nursery, pre-kindergarten or kindergarten; 1,020,000 were enrolled in elementary grades 1-8 and 488,000 were enrolled in high school grades 9 --12. Overall, Georgia ranks 14th nationally in the percent of its population 25 and over without a high school diploma, 1.1 million persons. Roughly 35% of its adolescents enter the adult workforce without a high school diploma. Only 65% of Georgia high school freshmen earn their diploma in four years. SAT scores in Georgia continue to lag with the state ranking 49th in average SAT scores in 2004. Conversely, the percent of the state's population with a college degree or advanced degree is similar to the national average.

INCOME: According to the 2000 Census, the median income of Georgia's residents continued to improve, rising from 42nd in U.S. rank in 1960 to 22nd in 2000. In 2003, the state's three-year average median income rose to $43,535, putting Georgia at the same level as the U.S. median income and improving its rank to 19th in the U.S. During that same year, 28.3% of the households in Georgia had annual incomes under $25,000 while 13.1% of households had incomes in excess of $100,000. This shows an increase in lower income households from 2000 when 27.4% had incomes less than $25,000. Data is not yet available to reflect the economic upturn that began to emerge in Georgia in 2004.

POVERTY: A total of 1,125,000 individuals in Georgia had incomes below the poverty level in 2003 ($18,400 for a family of four). There were 183,400 households with children under the age of 18 living in poverty; of which 39,000 households were those with children under the age of five only. Of the state's poor households, 158,700 were female headed households with children under the age of 18 and 26,600 of them were children under five years only. Looking at children in Georgia, 18.4% of all children under the age of 18 (approximately 400,000) were living in poverty in 2003 as compared to 18.0% in 2000. This is higher than the national poverty rate for children under age 18 of 17.6%. For children under the age of five, 21.0% were living in poverty in 2003 compared to 18.7% in 2000. Based on these numbers, Georgia ranked 22nd highest in children 18 and under living in poverty in 2002.

HEALTH ECONOMICS: Health economics is a reflection of the overall economy. Georgia's general economy has had a number of impacts on its health system. With the collapse of the technology bubble beginning in 2000 followed quickly by the events of 9/11, the very industries that fueled Georgia's spectacular growth through the 1990s -- technology, transportation, retail, conventions and tourism -- fell on hard times. The job losses in Georgia were the highest in the country during the early 2000s' economic downturn. As a result, in 2002 the ramifications of the sinking economy began to be felt with state tax collections contracting by 5.2% during of the early part of the state's fiscal year while corporate income taxes plunged 38%. These revenue declines continued through August 2003, resulting in cuts to state agency budgets, including the Department of Human Resources (DHR) and its Division of Public Health (DPH) and the Department of Community Health (DCH), the state's Medicaid and CHIP agency. An increase in tax revenue collections since that time has blunted further what could have been even worse cuts for these agencies.

On a personal level, huge numbers of individuals lost jobs, often losing health benefit coverage at the same time. These former workers and their families, in many cases, sought care from safety net providers and/or the insurance medical coverage from public programs such as Medicaid and CHIP. These programs were incurring cuts at the very time that increased demands were being placed on them. The demands were magnified by inflation driving up the costs of providing health care services. As companies searched for ways to deal with declining revenues and increasing health insurance premiums, they began limiting the range of benefits offered, while increasing the cost of health cost premiums and co-payments for their employees. Health insurance premiums in Georgia grew at a rate three times faster than average wage earnings from 2000 to 2004. The cost of family coverage became prohibitive for many workers and their spouses and children were left without insurance. As the state began to emerge from its economic crisis, many of those who had lost jobs have returned to the work force but in positions, particularly in the service industry, that offer far fewer health benefits than their previous jobs.

Health care spending is a significant driver in Georgia's overall economy. The total expenditure for all personal health care in the state in 2001 was an estimated $76.4 billion, representing almost 11% of the overall state gross economy. Public health spending represented over $5 billion of this amount. Health care spending is to continuing to grow at a rapid rate greatly exceeding inflation, although this has slowed somewhat in the past two years. Of the dollars spent, the most is spent on hospital care (over one-third) followed by physician services (about 30%), and prescription drugs (over 12 %).

Georgia ranks 9th nationally in the total number and 14th percentage-wise (16.4%) of uninsured residents. The number of non-elderly Georgians without health insurance at some point during the two-year period has risen by 431,000 from 1999-2000 to 2003-2004, an increase of 20%. Nearly one out of three non-elderly adult Georgians went without health insurance for all or part of this period. Of the Georgians uninsured during this latest two-year period, 1,575,000 people, 61.1%, were without health coverage for six months or longer. The vast majority of these individuals were workers or members of working families (78.7%). Racial and ethnic minorities were disproportionately uninsured; 25.3% of White non-Hispanics, 40.4% of Black non-Hispanics, and 62.9% of Hispanics respectively were uninsured for six months or longer. In the most recent statistics (2002), 963,000 adults, about 18% of Georgia's population, were currently uninsured. The disproportionate impact on racial and ethnic groups is reflected with 13% of Whites, 25% of Blacks and 29% of Hispanics not having insurance. Those uninsured are also much more likely to be low income; 61.6% of the uninsured had incomes at or below 200% of the federal poverty level. Nearly 275,000 of Georgia's uninsured are children under the age of 18. Of these children, 196,000 are at or below 200% of the federal poverty level. This ranks Georgia 5th highest nationally in the number of uninsured children at or below 200% of the poverty level.

A third of Georgia's overall state budget is used to buy medical services for public employees and the poor. Medicaid spending in Georgia now exceeds ten cents out of each dollar of revenues, growing at about 12% annually, which is twice the rate of state revenue growth. When PeachCare for Kids (CHIP) began in Georgia in 1999, the total budget was $30 million with the state funds being approximately $8.5 million. By June 2004, the budget had grown to $285 million with Georgia paying

$81.2 million. As a result, cost containment approaches, including Medicaid/PeachCare managed care, reduction of services, cuts in provider reimbursement, more stringent income eligibility requirements, and increased PeachCare premiums along with more severe penalties for non-payment, are being implemented in the state as discussed below in the health delivery section

HEALTH DELIVERY SYSTEM ENVIRONMENT: Georgia's health delivery system consists of four components: private providers, hospitals, community health clinics, and the state's public health system which has two separate elements, the Medicaid/PeachCare payment system and county public health services. Nearly 299,000 workers, 7.7% of Georgia's total workforce, were employed in the health sector in 2000. This ranks Georgia 37th per capita health services employment. The demand for health professionals in Georgia is projected to grow by 37% by 2010. The Georgia Department of Labor predicts a need for more than 140,000 new and replacement health care professionals, including about 30,000 additional RNs, 9,000 LPNs, 3,700 pharmacists, and thousands of allied health and behavioral health professionals. Vacancies in nursing and allied health professionals are experienced by hospitals and long term care provider, although there has been some improvement in the ability to fill positions. Vacancy rates ranging from 10 to 15% are reported for nursing and selected allied health staff. The state's physician supply has remained stagnant despite the rapid growth of Georgia's population. This trend may become even more pronounced as Georgia's physician workforce is aging. Baby boomers comprise 75% of the workforce and a significant portion of the state's physicians could retire in the next ten years. Georgia has experienced considerable growth in most primary care specialties over the last decade, however, challenges related to the geographic distribution of physicians remain. Georgia's shortage of nurses has worsened with the shortage growing 38% from 1999 to 2001. A more profound shortage has been experienced in relation to public health nursing. The total number of public health nurses in Georgia dropped from 1,793 in SFY 2003 to 1,669 in SFY 2004. This loss of 124 nurses represents a 6.9% decrease in the public health nursing workforce. Retention is a challenge for public health.

Georgia's problem with maldistribution of providers continues to impact access to care, particularly for uninsured and underinsured persons and residents of rural areas, especially those requiring specialty care. There are too many providers in urban areas and not enough in rural parts of the state. Specialty care is more limited, generally located in areas with academic medical centers (i.e., Atlanta, Augusta, Macon and Savannah), leaving large portions of the state without access to this care.

HOSPITALS: Georgia has 149 acute care hospitals. Of these hospitals, 39 (26%) have fewer than 50 beds; 45 hospitals have 100 or fewer beds; and 38 acute care hospitals have greater than 200 beds. These large hospitals, which constitute just over one-third of all facilities in the state, have about two-thirds of all beds. Sixty-seven rural hospitals are eligible for federal Critical Care Access designation. To date, 35 hospitals have been designated with four hospitals receiving this designation in 2004.

COMMUNITY HEALTH CENTERS (CHC): Georgia's CHCs offer a comprehensive range of primary health care and other services including: around the clock care, acute illness treatment, prenatal care, well-child care, physicals, preventive services, health education, nutritional counseling, laboratory, x-ray and pharmacy services. Among persons served at the state's 38 CHCs, approximately 41% are uninsured and 34% are Medicaid recipients. Almost two-thirds are members of a minority group: 35% are Hispanic, 25% Black, and 4% Asian/Pacific Islander.

MEDICAID/PEACHCARE FOR KIDS (CHIP): DCH administers the state's Medicaid and State Child Health Insurance Program (SCHIP), PeachCare for Kids, programs. Georgia has over 800,000 enrollees under age 21 and 129,000 women 21 year of age or older in Medicaid and about 200,000 enrollees in PeachCare. Presently, services are provided through a gatekeeper model, Georgia Better Health Care, in which a primary care case manager authorizes patient services. In order to control escalating costs, DCH is moving to a managed care system for Medicaid/ PeachCare enrollees. The Georgia Care Program, which will be phased in between January 2006 and January 2007, will cover low income families, transitional Medicaid, pregnant women (presumptive), pregnant women (Right from the Start) -- RSM, RSM children, newborns, PeachCare for Kids, and women eligible for Medicaid due to breast and cervical cancer.

PUBLIC HEALTH (PH): Service delivery in the state's public health system is carried out by 159 county boards of health. These boards of health are combined into 18 district units, ranging from one to 16 counties, and are overseen administratively by a district office that provides management services and programmatic support. Each district is led by a physician district health officer who reports to the state DPH office. The county boards of health provide direct health care services, environmental health activities, and work with community partners in their county around issues of common concern.

As public health enters this new state fiscal year, several emergent issues will impact the local public health service delivery system. County grants-in-aid, which are state funds provided to each county health department to support overall operations, are planned for reallocation, based on more recent population figures. The county boards of health are also being confronted with the potentially significant but still unknown impact related to the implementation of Medicaid managed care. Approximately 25% of current county health department revenues are derived from Medicaid/PeachCare. Also, a state needs assessment for Public Health indicated increased emphasis on core functions.

A more in-depth state profile is provided in the Needs Assessment Section of this Block Grant application.

Determining the importance, magnitude, value and priority of competing factors upon the environment of health care delivery in Georgia: Over the past five years, FHB has continued to strengthen its infrastructure, expand stakeholder relationships, and engage local public health agencies and providers in carrying activities at all levels of the pyramid. The Branch's directions, key initiatives, and activities have been guided by the comprehensive FY 2000 and FY 2005 needs assessments as well as ongoing environmental scanning to identify emerging issues that impact MCH. The FHB's mission statement provides the values framework that guides its operations:

FAMILY HEALTH BRANCH VISION/MISSION STATEMENT - We believe that healthy, well-educated children and families are the keys to optimal individual growth and development essential to maintaining safe and economically sound communities. We believe in ethical decisions and actions, prevention, community ownership, and commitment to a scientific process. Therefore, we are committed to promoting the physical, mental, spiritual, and social well being of children and families through partnerships with communities. These beliefs will be reflected in all policies, procedures, program development and funding mechanisms (decisions) that are part of any business done by, with or on behalf of the Family Health Branch.

National/State/ and Community Initiatives Impacting Georgia's MCH System: A number of key partnerships and initiatives have been implemented to support Georgia's children, their families and communities. MCH initiatives that FHB has either primary responsibility for or a major collaborative role are highlighted below.

ASTHMA: Georgia Addressing Asthma from a State Perspective (GAASP), formed in 2001 and led by DPH, is composed of more than 30 people representing academic institutions, advocacy groups, professional organizations, public and private healthcare centers, and a private foundation. GAASP examined the prevalence, mortality, and morbidity in Georgia in developing its the Burden of Asthma in Georgia 2003 report. The following year, the asthma program developed The Strategic Plan for Addressing Asthma in Georgia 2004. The plan includes a description of the burden of asthma in Georgia, an assessment of state resources and gaps, strategies to decrease the burden of asthma, and methods to identify and promote key messages to the general public and health care providers.

In collaboration with the Centers for Disease Control and Prevention, Environmental Protection Agency, American Lung Association of Georgia (ALA), and other community organizations, GAASP has conducted World Asthma Day activities to raise awareness about diabetes and its burden. The state asthma program has also partnered with ALA to provide an Asthma 101 program to parents,

educators, and school nurses. The organization also provides the Open Airways for Schools curriculum to middle schools, and Camp Breathe Easy, a residential pediatric asthma program for children. Another of the state asthma program's partners, the Medical Association of Georgia, offers training to healthcare providers to improve their knowledge, attitudes, and practices in asthma management.

GAASP has awarded grant-in-aid funds, ranging from $5,000 to $10,000 to eight Georgia public health districts/coalitions to conduct interventions and implement asthma prevention strategies to serve communities that are disproportionately affected by asthma. FHB has contracted with a local university to provide an asthma case management train-the-trainer program to a public health nurse (PHN) representative from each health district. These nurses will in turn train PHNs statewide as asthma case managers.

BREASTFEEDING PROMOTION, EDUCATION AND SUPPORT: Using the Loving Support Campaign, three breastfeeding initiatives have been initiated: 1) Building a Breastfeeding Friendly Community, 2) Educating Physicians In Their Community ((EPIC), and 3) a Breastfeeding Peer Counselor Program. The Georgia WIC Program was awarded $392,000 in FFY 2005 to implement the Breastfeeding Peer Counselor Program. The program will target ethnic groups in rural, urban, clinic, hospital, and community settings. Nine districts (Northwest, Cobb/Douglas, Fulton, East Metro, North DeKalb, South Central, East Central, Coastal and Northeast) have been awarded funds to hire a total of 32 peer counselors.

DEPARTMENT OF JUVENILE JUSTICE PILOT PROJECT: The Departments of Juvenile Justice (DJJ), Corrections, and Pardons and Parole, and the FHB are working collaboratively to strengthen relationships and create a continuum of care for youth leaving the state's youth detention centers to address their need for community-based health and mental health services. This will include linkages to youth development services as well as STD/HIV and pregnancy prevention.

EARLY CHILDHOOD COMPREHENSIVE SYSTEMS INITIATIVE: A Maternal and Child Health Bureau's (MCHB) Early Childhood Comprehensive Systems (ECCS) planning grant was awarded to DHR/DPH/FHB in 2003 and renewed in June 2004 for an additional year of planning. Beginning July 1, 2004, administrative responsibility was contracted to the newly created Department of Early Care and Learning (DECAL) to continue planning, consistent with DECAL's charge and the focus outlined in the grant. DPH continues as co-leader and a planning committee, composed of key partners from multi-agencies, is charged to fulfill the ECCS mission, which is: "to build and sustain a comprehensive early childhood system through collaboration of service providers, families, communities, and policymakers." The vision is that "all of Georgia's children will be physically, emotionally, and socially healthy, and experience appropriate learning opportunities in order to reach their optimal potential." The overall goal of the planning process was to develop a comprehensive early childhood service systems plan that integrates the critical components of: access to health insurance and medical home; mental health and social-emotional development of young children; early care and education; parenting education; and family support. In developing its strategic plan, the ECCS Planning Committee has identified and engaged stakeholders; conducted an assessment of the state's early childhood system to identify current resources, best practices, gaps, and barriers; identified a set of core indicators for early childhood health and development in Georgia; identified strategies to address identified gaps and barriers and enhance coordination; and developed a draft strategic plan. Public hearings are in process to receive feedback on the draft ECCS plan goals, year-one recommendations, and projected timelines. An ECCS Implementation grant application was submitted to the MCHB in May 2005.

FAITH-BASED COLLABORATIONS: In 1999, the DPH and Emory University's Rollins School of Public Health's Interfaith Program (IHP) formed a partnership, called Aligning Faith and Health, to facilitate community collaborations in forming "Faith and Health" partnerships in rural and urban communities in Georgia. Since that time, DPH has promoted public health collaborations and relationships with the faith community throughout the state. Through the collaborative process, teams of leaders in faith and health have been trained to address key health issues that affect Georgians,

particularly related to disparities, adolescent health and well-being, and major public health concerns such as obesity prevention and AIDS. The faith-health partners in these communities work together to improve the health of Georgia's citizens.

FHB and DFCS faith-based coordinators have developed the Georgia Interdepartmental Faith-based Coalition to coordinate faith activities across departments. DHR, the Department of Corrections, Department of Community Affairs, Governor's Council on Developmental Disabilities, and others will collaborate on training, databases, and other areas of nexus.

FHB, in partnership with the Interfaith Health Program, developed a CD that will be distributed to up to 3,000 small (under 300 congregants) rural and urban congregations to promote adolescent health. Topics, which are oriented to pastors, ministers, youth ministers, pastoral health leaders, and parents, include abstinence education, pregnancy prevention, physical activity promotion and obesity prevention, and mental health. It was introduced at the annual statewide meeting at the Carter Center in Atlanta.

FOLIC ACID AND PREVENTION OF NEURAL TUBE DEFECTS: Over the last three years, to improve pregnancy outcomes, the FHB Nutrition and Programs and Services Sections have partnered with the Georgia Folic Acid Coalition and Emory University Rollins School of Public Health to complete a pilot project in three local agencies to increase folic acid awareness. Women's Health and Nutrition Section staff are co-chairs of the DHR Folic Acid Quality Team and are members of the Georgia Folic Acid Coalition. In addition, Folic Acid Awareness Week information and materials have been provided to Nutrition Service Directors and Women's Health Coordinators for distribution at local health departments.

FHB and the March of Dimes Georgia Chapter (MOD) have collaborated to develop a comprehensive birth defect surveillance system that includes neural tube defects (NTD), a state reportable disease. Work continues on the development of a seamless system of data collection, analysis, and research to: provide early identification of children for referral to health and early intervention programs; develop and maintain a population-based Birth Defects Registry; describe and monitor patterns of births defects in Georgia; compile and disseminate surveillance data; facilitate data sharing; and provide a resource for information about the epidemiology of birth defects. FHB and MOD have also collaborated on folic acid training.

FOSTER CARE: Children in foster placement are considered at risk and their health care needs are greater than for the general population. Since 2003, a group comprised of representatives from the Georgia Chapter of the American Association of Pediatrics (AAP), DCH, DFCS (state and local), DPH (state and local), and the Adoptive Parents Association has been meeting to address the health care needs of children in foster care. The primary goal is to enhance the well being of children in DFCS custody and ensure that they receive appropriate comprehensive health services in a timely manner. A secondary goal is the development and implementation of a mobile health history. DPH's role is to assure that preventive health care (Health Check) is provided to children in foster placement through outreach and follow-up to foster parents and children. The foster care collaborative has formed two workgroups, assessment and policy/procedures, to identify gaps in the continuum of services for children in foster care and to work in partnership in developing guidelines to offer support and coordination for the different systems, processes, and policies.

HIV COUNSELING AND TESTING: Beginning in 2003, the DPH HIV Section and FHB Family Planning Program collaborated on a pilot designed to increase the number of family planning clients routinely tested for HIV. The pilot was implemented from October 1, 2003 to March 31, 2004 in Twiggs, Wilkinson, and Hancock counties in Health District 5-2 (Macon). Family planning clients were routinely tested for HIV with standard serum antibody tests during initial or annual visits, and as indicated. The pilot final report was issued November 2004. Plans are underway to continue the program in Fulton and DeKalb County family planning clinics. FHB and HIV Section staff developed and offered medical providers information on the impact of maternal high-risk behaviors on child development.

MALE INVOLVEMENT: The FHB continues to work on increasing services to males. Using Title X and TANF funds, the FHB has initiated services at both the state and local levels, focusing on improving men's reproductive health, including a Title X special initiative with Grady Health System's Teen Center to enhance its male involvement services and promote sexual health and development in young adolescent males that will help them learn to care for their reproductive health. Other male involvement partners have included the Georgia Commission on Men's Health, the DPH Cancer Control Section and its Prostate Cancer Task Force, and community-based organizations such as the Fulton County Male Health Task Force. Primary and secondary health prevention targeting males are addressed in several relevant areas: physical fitness, hypertension, injuries, tobacco use, use and abuse of alcohol and other drugs, prostate cancer, sexual health, HIV and STD infection, depression and family violence. Using a prevention model, work over the past year has continued to focus on strengthening individual knowledge and skills, promoting community education, and education providers about men's reproductive health needs and concerns.

MATERNAL SUBSTANCE ABUSE: FHB is finalizing an issue paper, Improving Outcomes for Mothers and Children -- Addressing Maternal Substance Abuse in Georgia, that includes a framework for addressing maternal substance abuse in Georgia that will improve birth outcomes, reduce social welfare and medical costs and improve the quality of life for mothers and babies. The paper, the work of FHB and Division of Mental Health, Developmental Disabilities and Addictive Diseases staff; the Office of Planning and Budget and community partners and concerned citizens, includes a statement of the problem including health, economic and societal effects and barriers to care; a review of recommended prevention, intervention and treatment practices; availability of care; and a five year plan addressing maternal substance abuse.

An internal DPH methamphetamine work group has been formed with representatives from the various DPH branches, as well as DFCS and the Georgia Poison Center, to address methamphetamine use in the state. The work group, led by the FHB, is charged with developing and implementing a comprehensive DPH response to the rising methamphetamine problem in Georgia that: 1) addresses recommendations that resulted from the Governor's methamphetamine summit, 2) helps develop guidelines for handling children found at meth laboratories, 3) creates health education materials for foster parents, and 4) establishes awareness and safety training for public health staff. The group collaborates with the Georgia Alliance for Drug Endangered Children.

A series of regional maternal depression conferences will be held in 2005 for Women's Health Coordinators, nurses, and other health care providers throughout the state. The conferences will include training on use of the Edinburgh Postnatal Depression Screening Tool.

MIDDLE CHILDHOOD INITIATIVE: In 2004, FHB began a review of issues of health and well-being of children ages five through nine. In October 2005, FHB will convene knowledgeable people to discuss the demographics of children in middle childhood and review significant health issues and systems issues that may impact health and well-being. Participants will help develop and influence Georgia's plan for middle childhood. The meeting will include focus groups that will determine which health issues are of greatest concern to the well-being and development of children in middle childhood; which have solutions appropriate for Public Health and others to work on; and the collaborations that can be developed and strengthened to improve health and well-being of these children.

NTD BIRTH DEFECTS SURVEILLANCE: The Georgia Birth Defects Reporting and Information System (GBDRIS) is a surveillance system designed to provide information on incidence, prevalence, trends, and epidemiology of birth defects. The GBDRIS collects information on children from birth to six years of age. The system relies on existing data as well as hospital, laboratory, and provider reporting. The GBDRIS is maintained by the Maternal and Child Health Unit of the Epidemiology Branch, DPH, DHR. Through a project led by MCH Epidemiology, monthly listings of children with suspected birth defects are generated and provided to each Children 1st District Coordinator. Children 1st Coordinators and Children with Special Needs (CSN) Coordinators work together to determine the enrollment status of identified children.

ORAL HEALTH: The Oral Health Section (OHS) has been awarded Georgia Access to Dental Services (GADS) III HRSA funds for a three-year project period. Year one funds have been utilized to implement the 3rd grade sealant/oral health survey. Survey reports are being developed and will be shared with national, state, and local organizations that impact public policy and program support. GADS I funds have been used to expand district projects that increase access to care. Oral Health will focus on population-based initiatives in FY 2006. In addition, optimal levels of water fluoridation and the web-based Water Fluoridation Reporting System are accomplished through Georgia Rural Water Association services.

OVERWEIGHT/OBESITY IN CHILDREN, YOUTH, AND ADULTS: Through Centers for Disease Control and Prevention (CDC) funding for the prevention of obesity and other chronic diseases, the "Take Charge of Your Health, Georgia" Task Force is implementing grant activities. Seven regional planning meetings throughout the state were conducted in November 2004 and monthly planning meetings have been held with Task Force workgroup members. Based on planning efforts and identification and use of key national documents, such as Healthy People 2010, a ten-year Nutrition and Physical Activity Plan for all Georgians has been drafted. The plan is undergoing content review by CDC, Task Force partners, and internally with the Division of Public Health, with an expected plan launch date of June 2005. Commitment is being sought from Task Force partners to implement strategies within the plan. A 2005 Status of Obesity Report will be released; FHB's Nutrition Section is piloting a six-week worksite wellness program, "DHR on the Move," to improve state employee nutrition and physical activity behaviors; the Section has partnered with the Infant and Child Health Team to complete the Nutrition height and weight screening guidelines to support Georgia's School Screening Initiative. (For the Obesity Report, visit http://health.state.ga.us/pdfs/familyhealth/nutrition/ObesityRep.DPH05.023HW.pdf.)

PERINATAL SERVICES: Georgia was one of five states selected by Association of Maternal and Child Health Programs (AMCHP) to receive technical assistance and training from national experts in evaluating perinatal services. In January and May 2004, AMCHP convened its Action Learning Lab (ALL) to help state MCH professionals and their partners from the five states increase their knowledge of perinatal disparities and develop strategies to reduce racial and ethnic perinatal disparities. The Building State Partnerships to Improve Birth Outcomes AMCHP Perinatal Disparities Action Learning Lab Report, published in January 2005, described the ALL process, conceptual foundations, and baseline assessment findings, including commonalities identified across teams. State teams worked with ALL facilitators to define their vision and priority areas to reduce perinatal disparities. Georgia's vision is that "Every pregnant woman in Georgia will experience a pregnancy with positive outcomes supported by a system of increased community involvement, innovative partnerships, and toward the elimination of health disparities." State team action plan approaches included community development and coalition building, data collection and dissemination, public and professional awareness, and care delivery and quality assurance.

REDUCING SUDDEN INFANT DEATH SYNDROME: FHB has contracted with The First Candle/Sudden Infant Death Syndrome Alliance, Inc. to pilot a SIDS reduction program in an African American community with the highest incidence of SIDS and Other Infant Deaths (OID) and to reduce infant mortality and family morbidity due to SIDS and OID through risk reduction and bereavement support to families who experience the loss of an infant.

SCHOOL HEALTH: Public Health funds school health programs in five health districts (Coastal, Gainesville, Waycross, Dublin, and DeKalb) covering 18 counties. Public Health's School Health Program is staffed by a full-time state-level coordinator to support the growing number of public health nurses providing school health services. The Program offers technical assistance, training support, and consultation to county health departments, professional school nurses, and other stakeholders for the development and implementation of coordinated school health programs. There are now approximately 120 public health school nurses in Georgia. Plans have been made to conduct regional train-the-trainer workshops in SFY 2006 on Vision, Hearing, Dental, and Nutrition screening guidelines.

SOCIAL AND EMOTIONAL DEVELOPMENT IN YOUNG CHILDREN: The first few years of life are critical for a child's development. Knowledge of the social and emotional development in young children is essential. FHB has provided training on social and emotional development in young children to over 400 public health, early interventionists, Mental Health/Development Disabilities/Addictive Diseases, DFCS, Resource & Referral, Inclusion Specialists, Child Care Health Consultants, and DECAL staff.

TOBACCO USE PREVENTION AND CESSATION: The state's four tobacco prevention and cessation goals are: elimination of environmental tobacco smoke, prevention of youth initiation of tobacco use, promotion of quitting, and elimination of disparities among populations. Georgia's public health districts have established community-based tobacco prevention coalitions and implemented prevention and cessation activities, with a focus on youth. However, the 2005 Georgia Legislature decreased local funding for tobacco cessation efforts, which will impact district activities. Media funding for the state's free "Tobacco QUIT LINE" was also reduced. The QUIT LINE is part of the Nurse Protocols for Women's Health under the Patient Education section of each protocol. Women's Health patients who smoke are referred to the QUIT LINE. The QUIT LINE has been expanded to serve youth 13-17 years of age as well as adults 18 and older. The hours have been expanded to 8 AM to 12 midnight every day of the week. A special emphasis is also placed on maternal tobacco cessation.

UNIVERSAL NEWBORN HEARING SCREENING AND INTERVENTION (UNHSI): Following the creation of a Governor's State Advisory Committee on Newborn Hearing Screening in 1999, UNHSI was established, supported through funding from several sources including the tobacco master settlement agreement (MSA), HRSA MCHB, and an Early Hearing Detection and Intervention grant from CDC. Funds were awarded to the health districts for the purchase of necessary hearing screening equipment for local hospitals. UNHSI was launched in January 2001. Linkage and tracking mechanisms have been implemented to assure timely and appropriate follow-up of infants not passing the hospital hearing screen, with the primary linkages managed through Children 1st. Providers are required to report infants not passing the initial hospital screen and those children under age five diagnosed with a hearing impairment to public health as part of the notifiable disease process. Effective January 1, 2005, to ensure that all babies receive a hearing screen prior to hospital discharge, a hospital screening rate of 95% is required to receive incentive funds. FHB collaborates with MCH Epi to develop a statewide web-based system to track and monitor infants and children through UNHSI for surveillance and quality assurance. The Branch has been awarded a three-year HRSA grant to provide training on use of the web-based tracking and surveillance system and evaluate its effectiveness. An Access database has been developed and implemented in seven pilot districts to improve tracking and surveillance of infants referred through UNSHI. The final version of the UNHSI Resource Guide has been developed to inform providers and the public of the importance and availability of newborn hearing screening and offer resources for follow-up and intervention.

B. AGENCY CAPACITY

The Family Health Branch (FHB), part of the Division of Public Health (DPH), Department of Human Resources (DHR), is Georgia's Title V Agency. The charge of the Branch is promoting the health of the state's mothers and infants, women of childbearing age, children and adolescents, and children with special health care needs. The Branch works toward: 1) early and comprehensive health services to women of childbearing age and their infants in an environment that fosters personal dignity; 2) timely and comprehensive health services to children which promote the optimal attainment of their individual abilities; and 3) comprehensive health and youth development services to adolescents in an environment that fosters personal responsibility and promotes positive health behavior. To carry out these responsibilities, FHB develops policy and conducts planning, oversees the operations of various MCH programs in local health departments and other organizations, collaborates with community partners to implement best and promising practices, and provides technical assistance and training.

STATE STATUTES RELEVANT TO TITLE V PROGRAM: The mission of Public Health in Georgia is to promote and protect the health of Georgians. The Official Code of Georgia (31-2-1 and 31-3-5) supports this mission by empowering DHR and the local county Boards of Health to employ all legal means to promote the health of the people. County Boards of Health develop and establish community-based systems for preventive and primary care services for pregnant women, mothers and infants, children and adolescents through local planning, direct provision of services and collaboration. Other relevant state statutes include: Newborn Metabolic -- O.C.G.A. 31-12-6 and 31-12-7; Well Child -- O.C.G.A. 31-12-6 and 31-12-7; UNHS -- O.C.G.A. 31-1-1-3.2; School Health -- O.C.G.A. 20-2-771.2; Children 1st -- O.C.G.A. 31-12-6, 31-12-7, 31-1.3.2; Babies Can't Wait -- O.G.G.A. 31-1-3; Babies Born Healthy -- O.C.G.A. 31-1-3.2; Family Planning -- O.C.G.A. 49-7-03; and Perinatal Case Management -- 31-2-2.

Two governing bodies, the Board of Human Resources and the county boards of health, have key oversight and regulatory responsibilities. The State Board of Human Resources' 15 members are appointed by the Governor and confirmed by the Senate for staggered five-year terms. Seven members of the board must be professionally engaged in rendering health services, and at least five of those seven must be licensed to practice medicine in Georgia. The Board establishes the general policy to be followed by DHR, makes budget recommendations, and appoints the commissioner. At the county level, boards of health, each with seven members, are required by state statute. These boards oversee the activities and budgets of the local public health departments and have regulatory and enforcement powers.

Georgia law permits the establishment of administrative multi-county health districts with the consent of county governments and boards of health in the counties involved. Two of the state's 19 health districts were merged in 2004. The current 18 public health districts range in size from one to 16 counties. Each district has a health director, appointed by the DHR Commissioner and approved by the boards of health of the concerned counties. Typically, each district health office is staffed by a health director (a physician), administrator, program manager, community epidemiologist, chief of nursing, environmentalist, and program and support staff. District health offices are located in the "lead" county of the district, usually the largest county in population. Local level responsibilities are set forth in county Grant-in-Aid contracts which describe programmatic activities and provide financial support to carry them out.

Direct services are provided by the county health departments, which are Medicaid providers of Health Check, Family Planning, Perinatal Case Management, Pregnancy Related Services, and Diagnostic Screening Services and Prevention Services (DSPS) Option. Funds to support county health departments come from fees, state Grant-in-Aid, county taxes and grants.

FHB'S CAPACITY TO PROVIDE TITLE V SERVICES: The Branch's capacity to provide: 1) preventive and primary care services for pregnant women, mothers, and infants; 2) preventive and primary care services for children and adolescents; and 3) services for children with special health care needs; 4) rehabilitation services for blind and disabled children under the age of 16 receiving benefits under Title XVI; and 5) family-centered, community-based, coordinated care including care coordination services for children with special health care needs and facilitate development of community-based systems of services for such children and their families is described in a matrix. (See attached file.) This chart displays each of the state programs that are part of the MCH system and indicates number of state, local, and community staff; whether the program is statewide or specific only to certain counties; and provides the number of persons served in the past year.

FHB programs for pregnant women, women of childbearing age, mothers, and infants, children and children with special health care needs are outlined in the attached FHB capacity matrix. Under the leadership of FHB Director, Rosalyn K. Bacon, M.P.H., the Branch uses a "population-based" MCH programs and services model. The Programs and Services Section houses four population teams: Infant and Child Health (ICH), Adolescent Health and Youth Development (AHYD), Children with Special Needs (CSN), and Women's Health. Highlights and key initiatives for each of the population teams in the Programs and Services Section are discussed below.

Infant and Child Health (ICH) provides leadership and resources to communities in the development of a comprehensive system of care designed to improve the health and well being of infants and children and their families. ICH has directed its efforts in six areas: 1) Metabolic/ Hemoglobinapathy Newborn Screening; 2) Universal Newborn Hearing Screening and Intervention, 3) Child Health Integration/Children1st; 4) School Health; 5) Bright Futures/Developmental Screens; and 6) Foster Care. Major initiatives have included: 1) Foster care collaboration, the goal of which is to enhance the health care provided to children in state custody foster care. DPH's role include outreach and follow-up of foster children to assure they receive preventive health care either through the public or private sectors. 2) An asthma case management train-the-trainer education program, conducted to prepare nurses to address the needs of asthmatic children and their families and to reduce the morbidity and mortality of children with asthma. 3) Training on Bright Futures Health Supervision Guidelines for Infants, Children, and Adolescents, focusing on the prevention of child maltreatment, learning disabilities, and developmental delays.

Adolescent Health and Youth Development (AHYD) enhances the skills and improves the health status of Georgia's adolescents through opportunities and programs developed in collaboration with families, communities, schools, and other public and private organizations throughout Georgia. AHYD programs and services provide a network of community-based support to help adolescents succeed as they move into adulthood by focusing on the "assets" of individual youth and their families. AHYD-sponsored programs reinforce positive attitudes, healthy behaviors and activities, and reduce risk-taking behaviors, such as violence, substance abuse, poor school performance, and sexual activity. AHYD programs and services, which target youth ages 10 to 19, offer comprehensive adolescent health services aimed at reducing risk behaviors and poor outcomes; provide male involvement programs, aimed at promoting responsible, healthy lifestyle behaviors and abstinence; use community involvement and collaboration as the mechanisms for involving parents, youth, and others in promoting positive youth development; and provide abstinence-only education outreach activities that create awareness and access among hard-to-reach youth and their families. AHYD currently funds a comprehensive network of district programs and services through four initiatives: 1) district youth development program coordination (monitoring and assessing health status of adolescents); 2) outreach program (direct Medicaid and PeachCare access for uninsured adolescents); 3) adolescent health program and community partnerships (mobilizing youth and community partnerships); and adolescent health centers (direct health care access for at-risk adolescents and their families). The Violence Against Women program is also located in AHYD.

Children with Special Needs (CSN) provides program development, leadership, guidance, and resources to Georgia's 18 health districts in the development and provision of a comprehensive, integrated, and coordinated system of services for children with special needs, birth to age 21 and their families. Programs include: Babies Can't Wait (Georgia's Part C, IDEA comprehensive, coordinated, statewide interagency service delivery system for infants and toddlers, birth to age three, who have developmental delays or disabilities, and their families); Children's Medical Services (provides or coordinates specialty medical evaluations and treatment for eligible children birth to age 21 with chronic medical conditions); and High Risk Infant Follow-Up (provides services to infants, birth to age one, who are at increased risk for health and developmental programs due to their medical conditions at birth). Major CSN initiatives include: 1) the development, with collaborative partners, of a transition planning manual; 2) collaboration with TUPS on tobacco cessation and tobacco-free school policies; 3) collaboration with the Departments of Education and Labor and the Governor's Development Disabilities Council on transition; and 4) working with Lead Prevention on revising case management policies. In addition, Babies Can't Wait (BCW) and the Department of Education, Division for Exceptional Students has finalized and disseminated the Transition at Age 3: Steps for Success guide. Training has been provided on the social and emotional development of young children, practices to support inclusion of children with special needs in child care, leadership for CSN program managers, and interventions for children with hearing loss. CSN has collaborated with ICH and DFCS to support CAPTA requirements for referral of all children under age three with substantiated cases of abuse/neglect to BCW. CSN staff have also participated on the State Advisory Committee for Newborn Hearing Screening and a DECAL project to develop Georgia Early Learning

Standards for children birth through three. CSN, and the Georgia Chapters of the American Academy Pediatrics and Association for Family Physicians have collaborated to promote the importance of developmental screening, early identification, and early intervention. The HRIFU has implemented six, one-day trainings statewide on CSN clinical interventions for all programs/disciplines serving infants. Training has also been provided on perinatally HIV-exposed infants and infants on apnea monitors. HRIFU is collaborating with Women's Health on development of a perinatal continuum of care.

Women's Health -- provides leadership and resources to communities in the development, use and continuous improvement of a continuum of health care that supports and improves the quality of life for women and their families. Programs include: Family Planning and Perinatal Health, including Babies Born Healthy, Perinatal Case Management (PCM), Pregnancy Related Services (PRS), six Regional Perinatal Centers, and Resource Mothers. Family Planning has explored and facilitated technical assistance related to open access to increase productivity at Family Planning sites. Women's Health has also facilitated language access through us of AAT Language Access Line. In collaboration with other Programs and Services staff, Women's Health facilitated five workshops to raise awareness about maternal depression and enhance best practices of Resource Mothers.

Oral Health and Nutrition Sections support all four population teams. Oral Health provides school-linked dental prevention programs targeting high-risk elementary school children. Services may include fluoride rinse, dental sealants, prevention education and treatment services (screenings, referrals, fillings, and minor oral surgeries), and provision of water fluoridation and monitoring for community water systems. Major initiatives include: 1) the Georgia 3rd Grade Oral Health survey (surveillance and monitoring); 2) conferences (training) for Georgia dental professionals on treating patients with special health care needs; 3) collaborative partner activities that strengthen infrastructure; and 4) institution of licensure by credential to recruit dental professionals to treat target populations.

Nutrition Section responsibilities include: 1) promotion of statewide population-based nutrition services; 2) integration and coordination of MCH and WIC Nutrition Services; 3) coordination with the four FHB population team groups to assure that nutrition is integrated into program initiatives; 4) development of a district infrastructure that increases access to high-quality nutrition care; and 5) partnerships to address emerging health issues such as obesity, breastfeeding, and physical inactivity. Major initiatives have included: 1) development and implementation of Georgia's Nutrition and Physical Activity Plan; 2) development of the 2005 Overweight and Obesity Report for Georgia; 3) a nutrition education evaluation and assessment of nutrition services delivered throughout Georgia in local agency WIC clinics; 4) partnering with Oral Health to train professionals to collect height and weight measurements for a representative sample of 3rd graders throughout Georgia to obtain a baseline of body mass index values; 5) completion of WIC programs reviews for local agency monitoring and continuous quality improvement for provision of feedback on infrastructure development; and 6) initiation of three breastfeeding initiatives using the Loving Support Campaign: Building a Breastfeeding Friendly Community, Educating Physicians in Their Community, and a Breastfeeding Peer Counselor Program.

Changes in Georgia's health care system are having a significant impact on Public Health and on the delivery of MCH services. The traditional role of Public Health in providing Medicaid reimbursable case management services and outreach to pregnant women and children is shifting with the State's move to a Medicaid managed care model. This shift requires re-examination of Public Health's role and structure in the new health care environment. It also requires that Public Health, including the FHB, be more targeted and focused in what it does. The Branch recognizes that it must address not only structural issues but key organizational elements as well, such as staffing profiles and staff development, to accommodate a greater FHB emphasize on the provision of technical assistance and to support performance-based management.

Over the next year, key FHB activities will include: 1) reshaping FHB role in the new health care environment; 2) implementing a performance-based approach to work; 3) increasing awareness and understanding of the state's MCH populations; and 4) building stronger Georgia families and stronger

partnerships. As Medicaid shifts to its new managed care model and use of care management organizations (CMOs) to deliver services, FHB will need to determine its role at the state and local level in the reorganized Division of Public Health and with the new Medicaid system and its CMOs. In reshaping its role, a performance-based approach to work will be utilized to make sure that the Branch does the right work and uses evidence-based and best practices. In determining where FHB is headed and what its role in Public Health and in the state's health care system is, emphasis will be placed on increasing awareness about MCH issues and services and the populations served. In building stronger families, FHB will focus on serving as a resource to families rather than as a substitute. Opportunities for family involvement in the delivery of services will be increased and activities will build on the assets of families and on the coordination of family needs at the local level where they live.

BUILDING FHB CULTURAL AND LINGUISTIC COMPETENCY: The need for culturally responsive and linguistically appropriate public health services continues to increase. Many of the state's health districts have identified growing immigrant populations and increases in clients with limited English proficiency as emerging trends that are having an impact on delivery of family planning services in the districts. Georgia and its 159 counties are now home to immigrants and refugees from all over the world, from countries such as Mexico, Brazil, Portugal, Vietnam, Korea, India, China, Cambodia, Ethiopia, Kenya, Iraq, Iran, the states of the former Soviet Union, Afghanistan, Bosnia, Burundi, Croatia, Ghana, Guatemala, Guinea, Haiti, Kosovo, Laos, Liberia, Nigeria, Romania, Rwanda, Sierra Leone, Somalia, Sudan, Syria, Thailand, Togo, and Zaire. Latinos, primarily Mexicans, are the most rapidly growing minority group in Georgia. DHR is committed to ensuring that limited English proficient (LEP) and sensory impaired (SI) clients have meaningful access to all programs and activities conducted or supported by the department. The Limited English Proficient (LEP) and Sensory Impaired Client Services Program is located in DHR's Office of Policy and Government Services. A DHR LEP Task Force has been established and DPH representatives serve on the task force and have provided input to the Department's LEP manual.

DHR's strategy for providing meaningful access for LEP and SI customers involves assessing language access needs statewide; recruiting and training "qualified" interpreters and bilingual staff; developing a centralized databank of language resources; translating vital forms and informational documents; forming partnerships with community groups for outreach and education; providing diversity training to DHR employees; and implementing a procedure for monitoring services and resolution of complaints. DHR also is working to reduce and eliminate access barriers that discourage the enrollment of all eligible program participants, including those in immigrant and mixed-status families. State and local public health staff, including the FHB, are also able to draw on several key cultural competency resources, including the DPH's State Refugee Resettlement and Health Programs, DPH's Office of Communication, and DCH's Office of Minority Health. The Office of Communications has developed and widely disseminated a "Directory of Qualified Interpreters and Translators & Multi-Ethnic Community Resource Guide. The DHR website includes information on Georgia's Latino and multicultural communities and includes a calendar of events such as multicultural family fairs and conferences. The Office of Minority Health's Information Center has resource materials that focus on health issues relating to minority populations.

At the local level, public health districts efforts to meet the needs of their non-English speaking clients have included hiring bilingual staff and/or utilizing translators or interpreters, conducting staff cultural diversity training, using language assistance phone lines, special health fairs in collaboration with local churches and other community organizations, and offering forms and patient education materials in Spanish and other languages. Districts have also engaged in social marketing and outreach to inform non English speaking clients of available public health services such as family planning, prenatal education classes, etc.

BUILDING FHB COMPETENCIES: FHB offers state and local staff coordinated training and development activities to improve knowledge and job performance. Each population team holds meetings with their respective district coordinators. Some meetings are held jointly to facilitate communication, coordination, and collaboration across programs at the local level. Oral Health and

Nutrition staff also participate to facilitate the integration of population-based oral health and nutrition services.

BUILDING PUBLIC AWARENESS FOR MCH: a cross-Branch Communications Team works to facilitate continuous quality improvement relating to FHB publications, policy, and correspondence review and approval processes, effectiveness of meetings, health observance/ awareness initiatives, promotional materials development, language/translation issues, web enhancement and maintenance, and other communications issues. The FHB Health Promotions Coordinator works with Communications team representatives and program staff on development and implementation of FHB Team/Section communication plans and resulting awareness and promotional activities/campaigns and information materials (i.e., brochures, publications, special reports). She also serves as liaison with the DPH Communications Account Manager, Division Webmaster, DHR Office of Communications, DHR Director of Limited English Proficiency and Sensory Impaired Client Services, and the Branch to assure effective communications processes.

A draft Request for Proposal for a Statewide MCH Awareness Campaign for Maternal and Child Health Promotion has been developed and is under consideration to obtain the services of a qualified full-service public relations firm to implement a measurable, data-driven, science-based, target group tested, results-oriented comprehensive campaign to inform and educate Georgians about key MCH issues and strategies to improve MCH outcomes. This comprehensive MCH awareness and education media/communications campaign will build on current state and local implementation capacity and include specific MCH messages which support the mission and vision of DHR's DPH, are assets focused, and promote strong and stable families.

Accomplishments over the past year have included updating and enhancing of five DPH FHB web pages: 1) MCH Title V Block Grant, 2) Newborn Screening for Metabolic and Sickle Cell Disorders Program, 3) 2005 Oral Health Poster Contest, 4) Flu Resources for Parents and Schools, and 5) posting of the Babies Can't Wait public comment period to the Georgia DPH home page, "What's New in Public Health." In addition, DPH publications that have been developed and disseminated include:

1) Maternal and Child Health in Georgia: Birth through Age 5 -- Executive Summary - This interactive CD includes key strategic recommendations, tools for advocates, web links, video clips of Georgia programs, and Georgia specific data. The heart of the report is the MCH Topics section which includes information related to pre-pregnancy health, prenatal and maternal health, infant health, and early childhood health and development.

2) Public Dialogues: Report on Findings -- This report provides information directly from Georgians about key issues affecting maternal and infant health. The 2003 Public Dialogues, sponsored by the Governor's Council on Maternal and Infant Health, were open to the public and held in seven local communities across Georgia. The report has served as a starting point in further assessing the needs and creating effective intervention strategies to improve the health of mothers and infants throughout the state.

3) Updated Reproductive Health Indicators Report (1994-2003) -- The report provides summary data for 1994 through 2003 on selected reproductive health indicators at three levels of aggregation: State of Georgia, six Perinatal Regions, and 19 (now 18) Public Health Districts.

4) Trends in Pregnancy Rates in 15-19 Year Olds in Georgia, 1994-2002 -- This report shows trends in pregnancy rates in 15-19 year old females in Georgia from 1994 through 2002.

5) Empowering Congregations as Resources for Adolescent Health and Youth Development -- This CD for faith leaders was premiered at the June 16, 2005 co-sponsored DHR and Emory Interfaith Coalition meeting with the faith community.

6) Transition at Age 3: Steps for Success -- This guide provides accurate information, guiding principles, recommended practices, and tools to clarify and support the transition process for toddlers

moving from Babies Can't Wait age three to preschool special education services and/or other community programs and services.

7) Georgia's Resource Guide for Families of Children with Hearing Loss -- This resource guide was written for families of infants and children recently identified with hearing loss. The guide helps families with their questions and concerns about their child's hearing loss and assist them in finding local resources for services.

8) Newborn Screening Manual 2004, Georgia -- This guide to the Georgia Newborn Screening System includes screening, follow-up, medial diagnosis, management, and evaluation for metabolic diseases, and hemoglobinopathies.

9) Overweight and Obesity in Georgia 2005 -- This report summarizes the burden of overweight and obesity in the state. It also highlights strategies to prevent obesity by increasing breastfeeding initiation and duration, improving healthy eating habits, increasing physical activity, and decreasing television viewing. The information presented in the report is intended to help plan, implement, and evaluate programs to promote healthy behaviors in all Georgians.

10) Pediatric Nutrition Surveillance -- Georgia Report 2003 -- The Pregnancy Nutrition Surveillance System provides information on the health and nutritional risk factors that may contribute to adverse pregnancy outcomes among women enrolled in federally funded public health prenatal and nutrition programs.

11) The Burden of Asthma in Georgia 2003 -- This report describes the burden of asthma in Georgia, focusing on middle school students, high school students, and adults. It contains information on risk factors associated with asthma, hospitalizations, and deaths from asthma.

12) The Strategic Plan for Addressing Asthma in Georgia 2004 - The plan describes the magnitude and severity of the asthma problem in Georgia and sets forth a framework and strategy that will guide the future direction of statewide efforts to address asthma in the state.

13) Health Behaviors Among Georgia Youth in 1993 and 2003 -- The report compares the results of the 1993 Youth Risk Behavior Survey (YRBS) to those of the 2003 Georgia Student Health Survey. Topics covered in the report include unintentional injuries and violence, tobacco use, alcohol and other drug use, dietary behaviors, and physical activity.

14) Student Health Survey Report, 2003 Georgia -- This report describes the results of the 2003 Georgia Student Health Survey among a random statewide sample of public middle and high school students. Topics covered include unintentional injuries and violence, tobacco use, alcohol and other drug use, dietary behaviors, and physical activity.

15) Tobacco Surveillance Report, GA 2004 -- This report describes the array of surveillance activities pertaining to tobacco use in Georgia. It provides information about the toll of tobacco on Georgians in terms of smoking-related diseases and their associated costs, the prevalence of smoking among Georgia adults and youth, and efforts to reduce the burden of smoking through QuitLine services and policy and environmental measures.

16) Immunization Study 2003 Final Report, Georgia -- The purpose of this study, a collaborative effort of the DPH, Environmental Branch, Immunization Program, and Health Districts, was to assess the immunization coverage rates of two-year old Georgia children statewide and for each of the state's health districts.

17) 2005-2015 Georgia's Nutrition and Physical Activity Plan To Prevent and Control Obesity and Chronic Diseases in Georgia - The ten-year plan serves as a blueprint for communities, faith-based organizations, schools, worksites and healthcare providers to prevent and control obesity and other chronic diseases by increasing breastfeeding, improving healthy eating habits, increasing physical

activity, and decreasing television viewing/screening time. The strategies proposed for the next ten years will be advanced by the Take Charge of Your Health, Georgia! Task Force, which will serve as the leadership body that will coordinate, integrate and guide implementation of statewide nutrition and physical activity initiatives.

COLLABORATION: The Programs and Services Section and Policy, Planning, and Evaluation (PPE) facilitated development of a comprehensive memorandum of agreement with DECAL to promote coordination of public health with early care and education. All FHB population teams and Oral Health, Nutrition, and PPE meet monthly with DECAL to coordination this work. Topics such as inclusion of children with diabetes and the development of Georgia Early Learning Standards for children birth through three are addressed.

The Programs and Services Section has facilitated Division-wide RFPs to strengthen and formalize relations with private sector Medicaid providers. It is anticipated that this work will result in promotion of best practices standards and public health messages. FHB has also hired a nurse who will work as a liaison to the College of Obstetrics and Gynecology to enhance that partnership.

C. ORGANIZATIONAL STRUCTURE

The framework in which FHB functions is depicted in the attached organizational charts. DPH is part of the Georgia DHR superagency, which brings together family protective services, income maintenance, childcare, mental health/developmental disabilities/addictive diseases, and regulatory oversight services. DHR's four divisions are Aging Services, Public Health (DPH), Mental Health/Developmental Diseases/Addictive Diseases (MHDDAD), and Family and Children Services (DFCS). It also includes the Office of Regulatory Services, Office of Adoptions, and Office of Child Support Enforcement.. Administrative and support functions, including human resources, information technology and budget and financial services, are consolidated at the departmental level. DPH has a staff of approximately 7,500 state and county public health employees, 18 health districts, and 159 county health departments that administer services that promote the health and well being of the whole community. County public health departments also offer direct healthcare to low-income people and people in underserved areas of the state, and work with private medical providers to assure these groups receive needed care.

The DHR Commissioner is appointed by and accountable to the State Board of Human Resources. B.J. Walker has been the Commissioner since May 2004. The Board provides general oversight of DHR's activities by establishing policy, approving goals and objectives and other appropriate activities. Included in the Commissioner's office are the Assistant Commissioner for Special Projects; Office of the Assistant Commissioner for Policy and Government Services, which includes fraud and abuse, communications, legal services and constituent services; and the Offices of Planning and Budget Services, Financial Services, Technology and Support, Human Resource Management, Audits, Human Resource and Organizational Development, and Adoptions.

DPH, headed by Director Stuart T. Brown, M.D. since January 2005, is the designated state public health agency as well as the state agency for children with special health care needs. DPH branches include Family Health, Epidemiology, Prevention, Environmental Health, Chronic Disease Prevention and Health Promotion, the State Public Health Laboratory, and the Women, Infants and Children Program (WIC). Each branch has responsibilities that inter-relate with FHB activities, requiring strong working relationships.

Over the past five years, the state's public health environment has experienced a number of challenges, including budget cuts, a shift to Medicaid managed care, increasing Medicaid costs, and possible federal cuts to Medicaid. As public health priorities are changing in Georgia, Public Health's role is shifting from a safety net role of categorical programs to a population-focused role. Major tasks include defining new staff roles and creating and supporting DPH's mission to provide leadership in:

1) describing the status of health in Georgia; 2) building coalitions to improve health conditions; and 3) identifying new ways to prevent illness and injury through assessment of health problems, assuring healthy conditions and linking people to health care services.

The FHB Director, Rosalyn K. Bacon, M.P.H., provides leadership and vision for the Branch. She directs and oversees the overall FHB administration, serves as the lead staff person for "family health" policy development for the Division, and is responsible for developing and implementing a marketing and public relations plan that incorporates both internal and external strategies. She also has the chief responsibility for advocacy of the Branch and its programs and services throughout Georgia's MCH system.

Financial and personnel functions are centralized in the FHB Operations Section, which provides oversight of daily operations and administration, contracts, management of human resources/personnel and employee relations. Operations is comprised of two offices, the Office of Administrative Support (OAS) and the Office of Contract Management and Compliance (OCMC). OAS is responsible for reviewing and revising all aspects of the existing financial reporting system, organizing and formalizing budget procedures in all FHB programs, implementing a budget information database, ensuring FHB contracts comply with state and federal regulatory requirements and internal quality control and compliance measures, and working closely with FHB program staff to develop budgets for grant applications. OAS serves as the liaison between the FHB, Division, and the Office of Planning and Budget Services in the DHR and is responsible for FHB human resources management and assists in the development of new positions and modification of existing positions. OAS screens and organizes the interview process for all Branch applicants and develops and implements a centralized orientation process for new hires.

OCMC is responsible for developing contractual relationships, implementing contract compliance, serving as the liaison between FHB, DPH and DHR's Offices of Contract Management and Audits, reviewing Independent Audit Reports of applicable FHB contractors; and performing programmatic audits of both Branch and contractual programs and services. A Systematic Integrated Financial System, accessible to FHB Population Team Leaders and Section Directors, provides an up-to-date financial information picture of the FHB's financial and human resources status. A grants database facilitates the grants management process and assures deadlines are met.

The Director of the Programs and Services Section, Eve Bogan, is responsible for FHB day-to-day program and services operations as well as direct supervision of the four Population Team Leaders. She also is responsible for providing leadership to the population-based work teams (e.g., assistance with the development of population-based work plans and the development and design of new and revised programs and services.)

The Program and Services Section assures quality, assures collaboration and integration of programs and services within the Branch and improves the quality of technical assistance that is provided to local health departments and communities. In collaboration with Policy, Planning, and Evaluation (PPE) Section, leadership has been provided for integrated MCH site visits. The Programs and Services Section also houses the Faith-based Initiative.

The Programs and Services Section, in collaboration with PPE and DPH legal staff, works to provide leadership to a cross-division work team on implementation of the Women's Right to Know Act (HB 197). This legislation requires parental notification, provision of informational and resource materials, and physician web-based reporting. Unemancipated minors under the age of 18 seeking an abortion must either be accompanied by a parent or guardian who can show proper identification and a minor's parent or guardian must be notified in person, by telephone, or mail that the abortion is to be performed at least 24 hours prior to the procedure or physician's agent can give written notice of the pending abortion sent by certified mail with return receipt required to parent or guardian. Physicians must provide women considering abortion objective and medically accurate information 24 hours in advance of the procedure. After receiving information, women are required to wait 24 hours before proceeding with an abortion.

The Offices of Adolescent Health and Youth Development (AHYD), Children with Special Needs (CSN), Infant and Child Health (ICH), and Women's Health, described in III. B. Agency Capacity, are located in the Programs and Services Section. AHYD includes: 1) Comprehensive Adolescent Health Services; 2) Youth Development Program, 3) Outreach to Uninsured Youth, and the Violence Against Women Program. CSN includes: 1) Babies Can't Wait (BCW), 2) Children's Medical Services (CMS), 3) Genetic Services, and 4) High Risk Infant Follow-up. ICH includes: Children 1st, Universal Newborn Hearing Screening, School Health, Well Child Health Services, and SIDS. The Genetics program manager is located in ICH and works across the CSN and ICH population teams Women's Health includes: 1) Maternal High Risk Services - Perinatal and Prenatal Care and Resource Mothers; 2) Reproductive Health Services - Family Planning and Preconceptional Health, 3) Preventive Women's Health Services, and 4) Men's Health Services. The Maternal Mental Health and Substance Abuse Prevention Specialist reports to the Programs and Services director and works across all sections and teams.

Programs and services are organized using the "population team" model, with population team leaders who function as program managers reporting to the Director of Program and Services. Medical Consultants provide medical oversight and consultation to the Director and the four Population Teams. The Nutrition Section Director works closely with the FHB Section Directors and population teams (AHYD, ICH, Women's Health, and CSN) and State WIC Director to assure that nutrition is an integral component of the MCH system. The Oral Health Director also works with the FHB Section Directors in integrating oral health into components of the MCH system.

The Policy, Planning, and Evaluation Section (PPE) works closely with the Programs and Services Director to provide leadership to the Population Teams and Sections for priority setting, planning, and policy development. Principal PPE responsibilities include: 1) formulating guidance to address policy challenges; 2) coordinating annual and five-year needs assessments and using the results of these assessments to guide program development and set priorities; 3) developing program evaluation strategies; 4) monitoring Healthy People 2010 objectives; 5) analyzing relevant health care legislation and its impact on FHB programs; 6) researching best practice models; 7) working closely with the Programs and Services to develop FHB programs and set Population Team priorities; and 8) collaborating with the MCH Epidemiology Unit to assess and monitor health status of MCH populations served by FHB.

PPE provides leadership for cross Branch initiatives and activities including: 1) cultural competency; 2) family and community involvement; 3) state legislative session pre-briefing, and monitoring; 4) process evaluations; 5) needs assessment; 6) training development; and 7) health promotion/communications.

The Data Team Leader has responsibility for branch-level data concerns, providing leadership and guidance to each of the Branch Managers and the Data Analyst assigned to each of the four population teams; identifying baseline data and performance measures for Branch services, and identifying outcome measures for MCH populations served by the Branch. The Data Team collaborates with PPE to determine common areas of work and define the vision and practices necessary to support the FHB and MCH work in Georgia. Technical assistance is provided to the four FHB population teams to improve the way data is utilized for Branch decision-making.

D. OTHER MCH CAPACITY

A summary of the number and location of central and out-stationed staff providing administration, planning, evaluation, and data analysis capabilities as well as direct services is provided below. A description of FHB staff qualifications follows.

Staff are allocated as follows: Administration -- 17 central and 94 out-stationed staff; planning -- 5 central and 103 out-stationed; program support consultation -- 32 central and 0 out-stationed; evaluation -- 3 central and 10 out-stationed; data analysis --10.5 central and 12 out-stationed; and direct service -- 618 out-stationed.

FHB STAFF QUALIFICATIONS AND CAPABILITIES:
Rosalyn K. Bacon, M.P.H. is Director of the FHB and is responsible for the leadership and management of Titles V and X (MCH/CSHCN and Family Planning, respectively); IDEA, Part C; Preventive Health Block Grant (Sexual Assault Prevention) and many other grants and state funds allocated to support the health and well being of children and their families. She also is responsible for strategic planning, policy development and implementation, and programmatic leadership for MCH statewide. These programs provide a statewide system of prevention and intervention services provided by Georgia's 159 county health departments and over 200 healthcare agencies and/or community-based organizations. She received her B.S. in 1992 from Georgia State University, Atlanta, Georgia and M.P.H. in 1995 from the University of Alabama at Birmingham.

Susan Bertonaschi, M.S. is the Developmental Health and Children 1st Program Coordinator. She has over 20 years of social work, mental health, early intervention, and child development experience.

Eve Bogan, M.A. is the Director of the FHB's Programs and Services Section and Acting AHYD Population Team Leader and Acting Women's Health Population Team Leader.. She has over 20 years experience in health and human services. She was formerly Director of South Carolina's and Georgia's Early Intervention Programs. She is a graduate of Sarah Lawrence College (B.A.) in liberal arts and Hebrew University (M.A.) in sociology/anthropology.

Consuelo L. Campbell, M.S. is the Mental Health and Substance Abuse Specialist and is responsible for coordinating integration of mental health and substance abuse across FHB population teams. She holds a B.A. in sociology from Spelman College and a M.S. in Community Health Education from the University of Massachusetts.

Frances H. Cook, M.A., R.D., L.D. serves as the Nutrition Section Director. Her responsibilities involve working with state, district, and community partners to integrate nutrition services in all health systems. Program initiatives include planning and evaluation, training and consultation. Ms. Cook received a Master's Degree in Foods and Nutrition from New York University and the designation of a Certified Public Manager from the University of Georgia.

Jennie Couture, M.Ed. serves as a Technical Assistance Specialist in the Babies Can't Wait program. She received her Bachelor of Science degree in Special Education and Master of Education degree in Learning Disabilities from Georgia College and State University in Milledgeville, Georgia. She has more than 25 years experience working with children and adolescents with special needs and their families. Prior to joining the state Babies Can't Wait staff, she served as a district Early Intervention Coordinator.

Bonnie Cox, M.N., RN-C is the Family Planning Program Manager in the Office of Women's Health Services. She received her Bachelor of Science in Nursing at Southern Illinois University and her Master of Nursing in Family and Community Health Nursing at Emory University in Atlanta, Georgia. Ms. Cox, a Women's Health Nurse Practitioner, has 26 years of experience in public health. Before joining the Women's Health staff, she was the Women's Health Services Coordinator in the East Metro Health District.

Thomas E. Duval. D.D.S., M.P.H. is Director of the FHB Oral Health Section. He has over 18 years of dental public health experience and was formerly the District Dental Director for the Macon, Georgia area. Prior to the District Dentist appointment, Dr. Duval worked for the Georgia Department of Corrections and served as Dental Director at the Middle Georgia Corrections Complex in Hardwick, Georgia. He received his D.D.S. degree from Howard University College of Dentistry in 1976 and

M.P.H. from Johns Hopkins School of Public Health in 1979.

Gala Hambrick, M.P.A. is the Director of the Policy, Planning, and Evaluation Section. Prior to joining the FHB, Ms. Hambrick was a consultant who specialized in program planning, community relations and government relations for private and government organizations. She has developed numerous women's health programs and infant health initiatives that are modeled in many areas of the State.

Emily Kahn, Ph.D., M.P.H., M.A., is Director of the MCH Epidemiology Section. From 1990-1995, she worked as a research assistant in the Division of Epidemiology, School of Public Health, University of Minnesota and from 1995-1997, as a study coordinator in the Division. Dr. Kahn was an Epidemic Intelligence Service Officer at the CDC from 1997 -- 1999. In 1999, she became a CDC staff scientist, directing the work of a multi-disciplinary team consisting of scientists from CDC and other CDC-wide and other DHHS Public Health Service Agencies to conduct research on the effectiveness and cost-effectiveness of population based interventions to change health behavior.

Elana Morris, M.P.H., the Branch Data Team Leader, oversees a team of data managers and statistical analysts to support the FHB population teams in building data capacity and analyzing data for program development and evaluation. She began working full-time in public health in 1997 as a Health Information Analyst for the Health Assessment Section of the DPH. Since 1999, she has been working for the FHB.

Stephanie Moss, Part C Coordinator, received her bachelor's degree in psychology from the University of Mississippi and a master's degree in child clinical/school psychology from Louisiana State University. Prior to coming to the Part C/Babies Can't Wait (BCW) system at the state level, she worked with adults with developmental disabilities in both institutional and community-based settings for six years.

Beverly Y. James Stanley, the Operations Director, has over 18 years of administrative experience acquired working in the governmental and private sectors. Prior to joining the FHB, she worked for DHR in the Office of Planning and Budget Services. She earned her B.A. in Human Resource Management at the University of South Carolina.

Eddie Towson is the Family and Community Involvement Coordinator. He is responsible for coordinating and leading family and community involvement activities across FHB population teams and sections. He also serves as the State Systems Development Project Manager, coordinating all activities related to Georgia's State Systems Development Initiative. Mr. Towson received his B.A., Psychology from Emory University in 1990.

Medical Oversight: To assure that FHB programs and services reflect sound clinical practice and medical research, the FHB has contracted with medical consultants to work with each of the four population teams in the Branch.

Women's Health - Victoria Green, M.D., MHSA, MBA, JD is Medical Director of the Satellite Center of the Grady Healthcare System and Director of the Resident and Medical Student Women's Health Ethics Curriculum.

Infant and Child Health -- Consultation is provided by Dr. Joseph Simon, Medical Director, Call Center, Children's Healthcare of Atlanta.

Adolescent Health and Youth Development - Medical consulting services are available through a FHB contract with Children's Healthcare of Atlanta.

Children with Special Needs -- Consultation is provided by Dr. Marshalyn Yeargin-Allsopp, Division of Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention.

The Role of Family Members in FHB: The FHB Family and Community Involvement Coordinator,

Eddie Towson, provides leadership for planning and development of the process to ensure family and community involvement across Population Teams and sections. The Coordinator serves as a key FHB contact for March of Dimes, Healthy Mothers/Healthy Babies, Healthy Start grantees, and Family Connection. The FHB Family and Community Involvement Framework helps address various levels of family and community involvement and acts as a programmatic resource to help families stay healthy, meet basic needs, develop competencies, and enhance strengths.

Families and community advocates played a vital role in providing local perspective and input into the state's 2005 MCH needs assessment. A total of eight focus groups were held statewide in both urban and rural locations. The groups were comprised of a cross section of MCH stakeholders, providers, and consumers including parents of children with special needs, members of the Hispanic community, parent advocates, and teens. In addition to these focus groups, key informant interviews and web-based surveys were conducted, which focused on needs, gaps, barriers, emerging issues, and what was working well in Georgia's MCH System.

Sixteen parent educators assist the BCW Program with policy, federal grant review, training and support for family members and providers, and encouragement of local and state parent involvement. All districts hold Annual Family Conferences for parents of children enrolled in BCW and CMS. A SIDS/Bereavement Specialist position is funded through First Candle/SIDS Alliance, Inc. to provide family-focused input to the FHB in program planning and policy formation for all SIDS issues. In addition, several of the local level FHB programs have integrated family involvement into their activities, i.e., Title X (Family Planning) District Patient Advisory Councils, Nutrition Section peer counselors for breastfeeding, local Interagency Coordinating Councils (CCs) in all 18 Health Districts as part of the BCW Program. Parents of children in BCW and CMS participate in local ICC meetings and activities. Two parents of children who are hearing impaired are active members of the State Advisory Committee on Newborn Hearing Screening (SACHNS); they are also members of the SACNHS Executive Committee. In addition, through AHYD's network of 29 teen centers, families members have been engaged at all program levels, i.e., individual health care service planning for their children, advisory councils, volunteering and mentoring.

On August 1-3, 2005, Georgia Team attended the "Champions for Progress" meeting in Utah. The Champions for Progress Center provides leadership to support state and territorial Title V programs in the process of systems building at the state and community level for children and youth with special health care needs through a grant/contract from MHCB. The Georgia Team is developing a plan to increase and improve family participation for Georgia's families and children with special health care needs.

E. STATE AGENCY COORDINATION

Input from the broad array of public and private sector organizations FHB works with is key in assisting the FHB Director and the PPE Section in MCH policy and planning efforts. A description of these relationships follows.

DIVISION OF PUBLIC HEALTH (DPH) is responsible for preventing and controlling disease and injury and promoting healthy lifestyles. The DPH state office, 18 health districts and 159 county health departments administer services that promote the health and well being of the whole community. County health departments also offer direct care to low-income individuals and people from underserved populations, or work with private medical providers to assure that those groups receive the care they need.

DPH regularly collects, analyzes and shares information about health conditions, risks and resources in communities to public health develop good policies with appropriate priorities and goals. Vital Records births, deaths, marriages, and abortions records are utilized to produce vital statistics on the most common causes of death, as well as information about issues such as fertility and teen pregnancy. This information, together with hospital discharge data and other information, helps local

health district staff design plans to improve the health of communities. The Epidemiology Section oversees special surveys used by public and private groups to encourage behavior change and guide health policy. The Behavioral Risk Factor Surveillance System surveys Georgians yearly to determine the need for education about issues such as tobacco and alcohol use, seatbelt use, and exercise. The Pregnancy Risk Assessment Monitoring System (PRAMS) collects information from women about prenatal care and their health-related behavior before and during pregnancy and after delivery.

The MCH Epidemiology Unit generates information about MCH problems in Georgia that is used to design control and prevention measures, evaluate the effectiveness of public health interventions, and improve services to populations at greatest risk. Major surveillance project areas include the Pregnancy Risk Assessment Monitoring System (PRAMS), maternal mortality, pregnancy nutrition surveillance, pediatric nutrition surveillance, birth defects, newborn hearing screening, and perinatal surveillance. Program evaluation and assessment project areas include WIC, Medicaid, Babies Born Healthy, and data linkage. The Childhood Lead Poisoning Prevention Program distributes information to inform the public about lead poisoning, collects data to define the nature and extent of the state's problem, and collaborates with other agencies to solve Georgia's lead poisoning problem. All 18 public health districts test children for lead poisoning. Environmental health specialists investigate for lead hazards when a child's blood is found to have a high level of lead, and help property owners develop a plan for eliminating the problem.

The Tuberculosis Control Program works with local health agencies and with private providers to oversee active cases and increase directly observed therapy.

The Sexually Transmitted Disease and HIV Programs offer testing, counseling, education, treatment and partner notification. A wide variety of PH activities help to prevent the spread of HIV/AIDS, including counseling and testing, voluntary partner notification, and case management.

DPH provides funds for 21 rape crisis centers throughout Georgia that offer services to victims of sexual abuse including a 24-hour crisis line, crisis counseling, assistance to victims undergoing a forensic medical exam, assistance for victims and their families throughout criminal proceedings, long-term counseling and support groups. The centers also provide prevention education to parents, civic organizations, and middle school, high school and college students. A manual has been developed and training provided to law enforcement, medical, district attorney, and victim services personnel.

The Women, Infant and Children (WIC) nutrition program provides special supplemental foods, nutritional counseling and breastfeeding support and education to low income women and their children up to age five. Georgia's WIC program is the 7th largest in the nation. WIC benefits are available to eligible pregnant or postpartum women, infants, and children up to the age of five. Eligible participants must have an income at or below 185% of U.S. Poverty Income guidelines; be a state resident; and be at nutritional or medical risk, as determined by a health professional. On average, the Georgia WIC Program provides benefits to about 260,000 participants each month, with children the largest category of WIC participant types. In FFY 2004, 120,993 children, 70,239 infants, and 24,466 prenatals received monthly benefits through the Georgia WIC Program. WIC services are provided in Georgia through the state's 18 health districts and two contract agencies. Services are provided at over 267 health clinics, including 19 hospitals, 8 DFCS offices and via-in home certifications. Over 1,800 authorized food retailers participate in the WIC food delivery system.

The Immunization Program offers guidance and technical assistance on immunization issues to county health departments and private providers; provides access to vaccines to health departments, community health centers, homeless programs, and private providers and through the Vaccines for Children (VFC) program; and assures immunization coverage including vaccine preventable communicable disease outbreaks. Georgia law requires all children entering school or daycare to show proof of immunization. Beginning with the 2000-2001 school year, Georgia students entering 6th grade must show proof of immunity against varicella or chickenpox in addition to providing proof of protection against measles. To overcome barriers to vaccination, Georgia's public health departments

remind parents when their children's vaccinations are due; offer extended clinic hours; give vaccinations on a walk-in basis; and distribute educational materials on immunizations. The VFC Program (VFC) provides free vaccines to private and public providers for children birth through 18 years of age who are Medicaid/CHIP-enrolled, American Indian/Alaskan Natives, and children whose vaccinations are not covered by insurance. Other projects include the Universal Hepatitis B Vaccination Program for infants, children and youth up to age 19; Perinatal Hepatitis B Prevention Program for pregnant women and babies born to infected mothers; and Vaccine Preventable Disease Surveillance and Vaccine Adverse Event Reporting Systems.

The Injury Prevention Program works with local health departments and other community coalitions to promote the correct use of car safety seats and bicycle helmets. Over 5,000 child safety seats and training on their use are provided each year to low-income families. The program works with fire departments to install smoke detectors in high-risk homes and homes with small children and older persons.

The Chronic Disease Prevention and Health Promotion Branch assists Georgians in achieving their highest level of health through the promotion of healthy lifestyles and the prevention of debilitating conditions. The goal of the Branch is to prevent disability and premature death by preventing or delaying developmental of chronic diseases and their complications. Surveillance activities and projects include arthritis, asthma, the Behavioral Risk Factor Surveillance System, cardiovascular health, diabetes, the Georgia Comprehensive Cancer Registry, Georgia Student Health Survey, injury, leading causes of death, overweight and obesity, physical activity, tobacco use, and surveillance of policies and environments affecting chronic diseases.

The Georgia Public Health Laboratory provides screening, diagnostic, and reference laboratory services to citizens of the state through county health departments, public health clinics, physicians, hospitals, and state agencies. The laboratory provides laboratory testing for STDs, TB, and HIV. Its responsibilities also include newborn metabolic and sickle cell screening.

DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND ADDICTIVE DISEASES (MHDDAD) provides treatment and support services to people with mental illness and addictive diseases, and support to people with mental retardation and related development disabilities. MHDDAD has five regions. Each region has a regional office, which is an extension of the MHDDAD state office to the local area. The regional office oversees the network of state-supported MHDDAD community and hospital services in the region. DPH works with MHDDAD around a number of state and local level concerns that relate to the MCH population such as youth risk prevention and tobacco use prevention. An ongoing dialogue, along with an array of activities, also exists addressing developmental disabilities and mental health concerns. A Mental Health representative serves on the BCW interagency coordinating council. DPH and FHB are collaborating with MHDDAD in a suicide prevention and child mental health group.

DIVISION OF FAMILY AND CHILDREN SERVICES (DFCS) is responsible for:
1) protective services for children and adults, 3) Medicaid eligibility determinations, 3) subsidized child care, 4) troubled children placement, 5) Temporary Assistance for Needy Families (TANF) and food stamp, 6) job training and job search assistance for welfare applicants and recipients, and 7) child support enforcement and collection, and social services. In a structure that parallels local public health agencies, county DFCS offices administer these services. Direct linkages and work groups are maintained between DPH and DFCS to assure Medicaid eligibility, streamlining and removal of access barriers. Extensive referral linkages exist between DPH and DFCS at the county level, particularly through Children 1st. The Division has established the Office of Child Protection to create an environment that supports staff in their job functions, expand collaborations with partners to enhance support, reduce staff turnover, and create technical and program supports for caseworkers in the field.

The DFCS Family Violence Program administers funds for Georgia's family violence programs. Staff also provide technical assistance and training, information to family violence staff and boards, and

certification for shelters based on standards set by DHR's Advisory committee on Domestic Violence. Georgia has 43 certified family violence programs, operated by private, nonprofit organizations that provide 24-hour crisis lines, legal and service advocacy, children's programs, parenting support and education, emotional support, and community education. Thirty-eight of these programs also offer emergency safe shelters. A statewide toll-free crisis line (1-800-33-HAVEN) automatically connects callers to the nearest family violence agency.

The Fatherhood Program, created by DFCS' Child Support Enforcement office, helps parents who are unable to pay their child support. The program offers job placement, vocational training, counseling and a chance to earn a GED and the opportunity to play a supportive role in the lives of their children. It is available to any non-custodial parent paying child support through CASE who is unemployed or employed but earns less than $20,000 per year; has children receiving TANF; and/or who lacks a high school diploma or GED.

OFFICE OF REGULATORY SERVICES (ORS) - inspects, monitors, licenses, registers and certifies a variety of health care facilities including hospitals, laboratories, home health agencies, long-term care facilities, residential care facilities, and private adoption agencies. ORS also certifies various health care facilities to receive Medicaid and Medicare funds through contracts and agreements with the Georgia DCH and Centers for Medicare and Medicaid and Drug Administration of the U.S. Department of Health and Human Services.

SOCIAL SECURITY ADMINISTRATION, REHABILATION, AND DISABILITY UNIT - contracts with the Department of Labor Office of Rehabilitation Services for state disability adjudication services and determines the eligibility of children birth to age 21 for SSI.

DEPARTMENT OF COMMUNITY HEALTH (DCH) - includes Medical Assistance (Medicaid), State Health Planning Agency, and State Employees Health Benefit Plan. The State Health Planning Agency conducts overall state health planning and makes certificate of need determinations. Medicaid maintains a renewable, annual contract for administrative and support services with the DHR. Under this agreement, DHR agrees to provide support services and Medicaid agrees to pay the appropriate Federal share of the administrative cost of these services. Services provided by DPH under the contract include: newborn metabolic screening, family planning; Health Check outreach, screening and follow-up; Children 1st; Refugee Resettlement program; perinatal case management; regional infant intensive care program; UNHSI; MCH epidemiology, and WIC referrals. DPH and Medicaid work together around a number of specific initiatives arising from these contracted activities. DPH and the FHB also work with DCH's Office of Women's Health which serves as a clearinghouse of information on non-reproductive health issues as well as a link to other groups and institutions in the state involved with women's well being. Georgia is one of eight states to establish a women's health office. DCH's Office of Minority Health works to eliminate the disparity in health status between minority and non-minority populations. DCH and FHB collaborative efforts include activities related to ICH, Men's Health, Women's Health, CSN, and case management.

DEPARTMENT OF CORRECTIONS AND DEPARTMENT OF JUVENILE JUSTICE - interact with DPH around communicable disease issues, particularly STD, AIDS, nutrition education and tuberculosis. The Departments of Juvenile Justice (DJJ), Corrections, Pardons and Parole, and the FHB are working collaboratively to strengthen relationships and create a continuum of care for youth leaving the state's youth detention centers to address their need for community-based health and mental health services.

DEPARTMENT OF EARLY CARE AND LEARNING (DECAL) -- In May 2004, the Georgia General Assembly created Bright from the Start: Georgia Department of Early Care and Learning. This new state agency is responsible for overseeing child care and educational services for Georgia's children ages birth to five. Bright from the Start's responsibilities include: administering Georgia's Pre-K Program; licensing approximately 3,000 child care learning centers and group daycare homes; registering more than 5,000 family day care homes; administering two federal nutrition programs (the Child and Adult Care Food Program and the Summer Food Service Program); housing the Head Start

State Collaboration Office; implementing the Standards of Care Program to enhance the quality of child care provided to infants, toddlers, and three year olds; funding/partnering with the child care resource and referral agencies; collaborating with Smart Start Georgia and the Department of Education's Even Start Family Literacy Program to blend federal, state, and private monies to enhance early care and education; and distributing federal child care development funds. Even Start was transferred from the Department of Education to DECAL in June 2005. DECAL and DPH have a MOA for enhanced services to support early childhood health and development for children and youth. DECAL and DPH are working in collaboration to develop a comprehensive early childhood care system (ECCS).

DEPARTMENT OF EDUCATION (DOE) - has a memorandum of agreement with the DCH and DHR commissioners that endorses and encourages joint health and human services and education planning and programming targeting reductions in teen pregnancy, substance abuse, school failure and delinquency. In many parts of the state, strong relationships have been developed between Public Health and the schools. DOE is responsible for the Youth Risk Behavior Survey and the CDC Youth Tobacco Survey that are conducted in collaboration with DPH Epi Section. Data from these surveys are important to FHB planning and health outcome efforts.

CHILDREN'S TRUST FUND - disperses funds for grants to public and private child abuse and neglect prevention programs and funds services connected with child abuse and neglect prevention. The agency is part of the State Agency Prevention Work Group.

RELEVANT COUNCILS - The Governor's Council on Maternal and Infant Health is legislatively mandated to "serve in an advisory capacity to the Governor, DHR and any other state agencies in all matters relating to maternal and infant health." The Council also makes recommendations on the improvement of Georgia's maternal and infant health care system. Composed of 17 obstetricians, pediatricians, family physicians, consumers, and other providers, the Council monitors pertinent legislation affecting women and infants, and publishes information related to maternal and infant health. The Newborn Metabolic Screening Advisory Committee is a subcommittee of the Council on Maternal and Infant Health. The Governor's Council on Developmental Disabilities serves as an advisory body and provides broad policy advice and consultation to state agencies. The Interagency Coordinating Council (ICC) for Early Intervention, mandated under Part C of IDEA, is appointed by the Governor to advise and assist DHR in planning, coordinating and implementing a statewide system of early intervention services for children with or at risk for developmental delays. The State Advisory Committee on Newborn Hearing Screening was established as a committee of the Council on Maternal and Infant Health and the ICC. The Governor's Children and Youth Coordinating Council was created to provide effective coordination and communication between providers of services for adolescents and children. FHB's AHYD Office works closely with the Council to support the implementation of Georgia's federal abstinence education grant, administered by the Council.

FEDERALLY QUALIFIED HEALTH CENTERS - 17 Section 330 community health centers (CHC) provide comprehensive preventive and primary health services. A number of CHCs provide perinatal case management services and newborn follow-up.

TERTIARY CARE FACILITIES -- FHB has established relationships throughout the state with tertiary care facilities with technical resources that have enhanced FHB's capacity to offer services to women of childbearing age, infants, children and adolescents. The state has two Level II pediatric trauma centers, four children's hospitals, and two burn units. Regional perinatal services are provided statewide through six designated tertiary care hospitals located in Atlanta, Macon, Augusta, Columbus, Albany and Savannah. High-risk perinatal services provided include transportation, prenatal care, delivery, post-partum care, and newborn care. A regional perinatal planning process facilitates planning in each of the six perinatal regions, bringing together in each region representatives from hospitals, district public health, and community organizations.

TECHNICAL RESOURCES - FHB collaborates with the state's Distance Learning and Telemedicine Program (GSAMS) network to bring specialty health care to areas with limited access. BCW also

utilizes telehealth technology. All four of the State's medical schools have faculty that participate in the CMS program. The Centers for Disease Control and Prevention (CDC) is a valuable resource in providing technical assistance and resources to the Branch. The Rollins School of Public Health at Emory University works with FHB in many areas: internships for students; program evaluation and outcome evaluation; and technical assistance and consultation. The Morehouse School of Medicine works closely with the Branch on issues impacting women. Several other universities (Georgia State, University of Georgia, and Clayton State) also work with FHB, providing technical assistance, research, and training.

PROFESSIONAL ORGANIZATIONS - DPH and FHB work on an ongoing basis with the Medical Association of Georgia, Georgia State Medical Association, Georgia Chapter of the American Academy of Pediatrics, Georgia Academy of Family Physicians, Georgia Chapter of the College of Obstetrics and Gynecology, and other professional groups to promote increased private sector involvement in serving women and children in need.

ADVOCACY ORGANIZATIONS -- FHB and DPH work collaboratively with major MCH advocacy organizations, such the March of Dimes, Healthy Mothers/Healthy Babies, Save the Children, SAFE KIDs of Georgia, Voices for Children, and the SIDS Alliance.

F. HEALTH SYSTEMS CAPACITY INDICATORS

Data on the health systems capacity indicators listed below is reported on forms 17,18, and 19.

#01 HEALTH SYSTEMS CAPACITY INDICATOR
The rate of children hospitalized for asthma (Rate/10,000 children less than five years of age)

Georgia Addressing Asthma from a State Perspective (GAASP), formed in 2001 and led by the Division of Public Health, includes representation from more than 30 organizations, including academic institutions, advocacy groups, professional organizations, private and public health care centers, and a private foundation. GAASP examined the prevalence, mortality, and morbidity of asthma in developing its Burden of Asthma in Georgia 2003 Report. (See http://health.state.ga.us/pdfs/epi/cdiee/burdenofasthma.03.pdf) The following year, The Strategic Plan for Addressing Asthma in Georgia 2004 was produced. This plan includes a description of the burden of asthma in Georgia, an assessment of state resources and gaps, strategies to decrease the asthma burden, and methods to identify and promote key messages to the general public and health care providers. (See http://health.state.ga.us/pdfs/epi/cdiee/AsthmaStrategicPlan_2004.pdf)

In collaboration with the Centers for Disease Control and Prevention, Environmental Protection Agency, American Lung Association of Georgia (ALA), and other community partners, World Asthma Day activities have been conducted to raise awareness about asthma and its burden. The state asthma program partners with ALA to provide an Asthma 101 program to parents, educators, and school nurses. The Open Airways for Schools curriculum is provided to middle schools. Camp Breathe Easy, a residential pediatric asthma program for children, is also provided.

The state asthma program has awarded grant-in-aid funds ranging from $5,000 to $10,000 to eight Georgia public health districts/coalitions to conduct interventions and implement asthma prevention strategies to serve communities that are disproportionately affected by asthma. Another of the program's partners, the Medical Association of Georgia, is offering training to health care providers to improve their knowledge, attitudes, and practices in asthma management. FHB's Office of Infant and Child Health has contracted with a local university to provide an asthma case management train-the-trainer program to public health nurses (PHN) from each health district. They will in turn train PHNs statewide to be asthma case managers.

#02 HEALTH SYSTEMS CAPACITY INDICATOR
The percent of Medicaid enrollees whose age is less than one year who received at least one initial

periodic screen.

Eligible Medicaid children are assigned to a medical provider through the state's Medicaid program shortly after birth. All Medicaid enrolled children who are at high risk for medical and other health or developmental conditions are referred to Children 1st and/or High Risk Infant Follow-up (HRIFU) to ensure they receive appropriate health care follow-up. HRIFU provides home or clinic visits by Public Health nurses to families with infants up to one year of age, who have a medical condition, especially those with low and very low birth weight. The percent of infants who are enrolled in HRIFU and are on Medicaid ranges from approximately 60% to over 90%, depending on the health district of residence of the family. The FHB ICH well child team conducts ESPDT reviews of children enrolled in Medicaid, focusing on infants who received well child screens by private medical practitioners. Chart reviews in the majority of public health districts reveal infants have had well child (EPSDT) screens performed.

#03 HEALTH SYSTEMS CAPACITY INDICATOR
The percent of State Children's Health Insurance Program (SCHIP) enrollees whose age is less than one year who received at least one periodic screen.

Eligible PeachCare for Kids children are assigned to a medical health care provider through the Georgia Better Health Care program shortly after birth. All PeachCare for Kids enrolled children who are at high risk for medical and developmental conditions are referred to Children 1st and/or High Risk Infant Follow-up to ensure they receive appropriate health care follow-up. The FHB ICH well child team conducts EPSDT reviews of children enrolled in PeachCare for Kids, focusing on infants who received well child screens by private medical practitioners. Chart reviews in the majority of public health districts reveal infants who had well child (EPSDT) screened performed.

#04 HEALTH SYSTEMS CAPACITY INDICATOR
The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

The FHB is continuing outreach efforts, through the statewide Perinatal Case Management (PCM) program, to increase access to prenatal care and referrals to prenatal providers during the first trimester of pregnancy. Referrals for uninsured and underinsured pregnant women also are encouraged through PowerLine (Georgia's Title V toll-free number) referrals to providers that offer low-cost or non-cost prenatal care. The Perinatal Health Partners Program (funded by FHB and Medicaid) in the Waycross Health District provides intensive case management to high-risk OB clients to ensure they receive prenatal care and deliver at a facility with an appropriate level of care. The Public Health nurses who provide these services also follow-up the infants of their high-risk OB clients in the HIRFU program.

#05 HEALTH SYSTEMS CAPACITY INDICATOR
Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State.

Georgia's Perinatal Regional System provides funding through the Department of Community Health to six designated regional tertiary hospitals to provide high-risk perinatal services, including transportation, prenatal care, delivery, post partum care, and newborn care. Tertiary hospitals also provide outreach and education to area providers to ensure a seamless community-based system in Georgia. Women who are at or below 250% of Federal Poverty Level are eligible for funding of these services.

Perinatal Case Management (PCM), a Medicaid funded program, provides case management to high-risk Medicaid pregnant women. Services are provided in the public and private sector. Nurses and social workers conduct individual assessments and follow-up for eligible women throughout their

pregnancies, as well as linking them to prenatal care, Children 1st, and other medical and social services. About 40,000 women received PCM in FY 2004. Pregnancy Related Services, also a Medicaid funded program, provides post partum home visits to pregnant women to reduce infant mortality.

#06 HEALTH SYSTEMS CAPACITY INDICATOR
The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs for infants (0 to 1), children, and pregnant women.

FHB actively shares information on Medicaid and PeachCare for Kids with the community and public health staff through health fairs, community meetings and conferences. There also is FHB representation to Georgia's Covering Kids Program. The Covering Kids program, funded by the Kaiser Foundation, disseminates information and increases awareness of PeachCare for Kids and Medicaid programs in Georgia. In 2004, 164,384 infants under the age of one received Medicaid, about 12% of all Medicaid eligible recipients, and 93,684 pregnant women (7%) received Right from the Start Medicaid. Almost 1,800 infants under the age of one enrolled have enrolled in PeachCare for Kids (SCHIP).

#07 HEALTH SYSTEMS CAPACITY INDICATOR
The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

The FHB Oral Health Section (OHS) and the district Georgia Oral Health Prevention Program (OHP) provide dental services to underserved school children by targeting schools with high numbers of free and reduced lunch program participants. Services at targeted schools include screenings or examinations, sealants, fluoride applications, preventive educational services, and fluoride mouthrinse programs when appropriate. OHP maintains a list of referral sources that accept Medicaid and PeachCare reimbursements, including public health facilities. OHS provides technical assistance and consultation to health district dental directors on the Medicaid/PeachCare Care Managed Organization system implementation. Evaluation of Medicaid/PeachCare claims data provides information on access to care for eligible participants.

The HRSA funded Georgia Access to Dental Services grant (GADS I, FY 2002-2006) has been utilized to increase access through community coalitions. Statewide replication of best practices will be initiated through sharing at a statewide Oral Health Summit meeting to be held 2nd quarter FY 2006. Through continuation of the States Oral Health Collaborative Systems Grant (GADS III, FY 2005), infrastructure has been built and strengthened, and access to care has been increased through community collaborations and conducting measurements of oral health status. The Georgia 3rd Grade Oral Health Survey has been implemented to provide statewide assessment of the oral health status of elementary school children. The majority of the 3rd graders screened were between eight and nine years of age. Fifty-seven (57) percent of the children screened had experienced dental caries compared to the Healthy People 2010 objective of 42%; 27% had untreated caries (Healthy People objective 2010 of 21%), and 39% had dental sealants (Healthy People objective 2010 of 50%). Plans for a Head Start screening survey are being developed. OHS will also participate in a statewide Head Start symposium.

OHS collaborates with School Health programs to ensure appropriate screenings prior to school entry. Increasing the availability of dental services (fillings and minor oral surgeries) for children ages six through nine years of age is a continuing goal of the OHS. Mobile dental trailers are now equipped to provide these services at elementary school sites. The Section also conducts individual district technical assistance, monitoring, and evaluation site visits to address grant project needs and district data concerns.

#08 HEALTH SYSTEMS CAPACITY INDICATOR
The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs Program.

The FHB assists families of CSHCN in identifying and accessing insurance resources. Educational sessions have been provided to Health District Coordinators on Medicaid (i.e., Right from the Start Medicaid, Emergency Medicaid, Deeming Waiver and Medically Needy Spend Down). The percent of SSI beneficiaries less than 16 years of age in the state who are enrolled is currently 10%. The range of SSI beneficiaries varies greatly by health district. FHB's CSN Program will continue to monitor this indicator using district quarterly reports.

#09(A) HEALTH SYSTEMS CAPACITY INDICATOR
The ability of States to assure that the Maternal and Child Health program and Title V agency have access to policy and program relevant information and data.

DPH has implemented the Online Analytical Statistical Information System (OASIS), a suite of tools used to access the standardized health data repository. OASIS and the repository are maintained by the Office of Health Information and Policy. The standardized health data repository is currently populated with vital statistics (births, deaths, infant deaths), Georgia Comprehensive Cancer Registry, and population data. All data can be selected by age, race, and sex (person), state and county (place), and year (time) and pertain to place of residence. With OASIS, users can obtain Georgia vital statistics and population in tabular form for years 1994-2003, choosing from a set of measures such as low birth weight rate or age- and cause-specific death rates. The data can either be viewed in a web browser or downloaded in a format suitable for use in a spreadsheet. OASIS also allows for GIS mapping. With this tool, users can map Georgia vital statistics and Cancer Morbidity data from the Georgia Cancer Registry by county, also choosing form a set of measures such as inadequate prenatal care or infant mortality rates. The data can be viewed in a web browser or a map suitable for printing can be created. Using OASIS, the HRIFU program provided each District HRIFU Coordinator with the number of low and very low birth weight babies, total and by race and by maternal age, for each county in their health district.

The FHB is responsible for the State Systems Development Initiative (SSDI), which was launched in 1993 to facilitate the development of state level infrastructure, which would in turn support the development of systems of care at the community level. SSDI has helped to establish or improve data linkages between birth records and infant death certificates, Medicaid eligibility or paid claims files, WIC eligibility files, and newborn screening files. In 2003, SSDI provided funding to create the Birth Defects Surveillance System. The Initiative also funded Georgia's 2005 MCH needs assessment.

FBH shares relevant EPSDT program and policy information with district Child Health Coordinators through quarterly meetings, electronic mail, and regular mail. During visits to health departments and private provider offices, the Office of Infant and Child Health well child team distributes current policy and procedures manuals and other relevant information, as needed. The team provides technical assistance and data to EPSDT practitioners as requested.

The National Survey of Children with Special Health Care Needs (CSHCN), a survey of parents of CSHCN, was released in 2003, with state specific data on the prevalence, age, race, satisfaction with services, medical home and impact of CSHCN on family life, ability to be employed, and insurance needs. Georgia's data was shared with Children's Medical Services Coordinators. Presentations on one survey element, "Transition Services for Youth with Disabilities," was shared at the Georgia Public Health Association in 2003 and will be shared again in 2005.

DPH's new interactive report, Maternal and Child Health in Georgia: Birth through Age 5, available on compact disk, provides data and analyses of maternal and child health trends, and provides recommendations to improve health outcomes for the state's mothers and young children. DPH partnered with more than ten agencies, including the Governor's Maternal and Infant Health, the four

Georgia Healthy Start Initiatives, Healthy Mothers Healthy Babies Coalition of Georgia, Georgia Public Health Association, and March of Dimes Georgia Chapter, to produce the report. Since the report is electronic and interactive, it interfaces with the latest data from the state. Users can download maps and charts, view video clips and access the latest health information through the CD-ROM and online at http://health.state.ga.us and http://oasis.state.ga.us. The executive summary is available online at http://health.state.ga.us.

#09(B) HEALTH SYSTEMS CAPACITY INDICATOR
The ability of States to determine the percent of adolescents in grades 9 through 12 who report using tobacco products in the past month.

The Youth Risk Behavior Surveillance System provides information on Georgia adolescents' tobacco use, including cigarette smoking, cigars, and smokeless tobacco. The state's annual federal Substance Abuse Mental Health Services Administration (SAMHSA) Synar Report provides an overview of tobacco youth enforcement activities in Georgia, including the number of tobacco enforcement investigations that resulted in the illegal sale of a tobacco product to an underage youth.

FHB ICH staff have collaborated with the DPH Chronic Disease Branch/Tobacco Use Prevention Section and the Youth Empowerment Coordinator to provide collateral cessation messages and materials for tobacco and non-tobacco using youth. ICH has also collaborated with Chronic Disease Epidemiology to successfully implement and disseminate findings of the Youth Tobacco Survey in Georgia schools. Staff serve on the Tobacco-Free School work group, facilitated by the Youth DPH/Empowerment Coordinator.

The FHB AHYD staff have collaborated with the Tobacco Prevention Section and Epi to assure training and technical assistance to state, district, and AHYD staff on best practice approaches and to disseminate tobacco use statistics and researching findings to local communities. The FHB statewide network of 29 teen centers provide free tobacco screenings to adolescents ages 10 to 19. Tobacco use screenings represent the most requested of all individual screenings conducted by teen centers, followed by substance abuse screenings and nutrition screening.

#09(C) HEALTH SYSTEMS CAPACITY INDICATOR
The ability of States to determine the percent of children who are obese or overweight.

DPH is committed to the development of a coordinated and comprehensive approach to address the prevention of overweight in children, youth, and adults. The "Take Charge of Your Health Georgia " social marketing campaign, staff and partner training, school-based efforts and enhancing partnerships are some of the components of this strategy. Monitoring trends and surveillance of overweight are key elements of this approach as well. Ongoing surveillance systems currently in place within DPH include the Pediatric Nutritional Surveillance Systems (birth to five years) and the Youth Risk Factor Behavior System that collects self-reported height and weight among middle and high school students.

In a collaborative effort between FHB's Oral Health and Nutrition Sections, height and weight were collected on a representative sample of 3rd grades across elementary schools in Georgia between January and March 2005. The Nutrition Section developed and implemented a training protocol and trained local public health staff and participating partners on how to collect students' height and weight. Nutrition education materials on health eating, oral health, and physical activity were provided to parents and teachers. Screening guidelines for collecting height and weight in Georgia schools have been completed and will be released in summer 2005.

Overweight and Obesity in Georgia 2005, released May 2005, focuses on the health risks and costs of obesity. This report summarizes the burden of overweight and obesity in Georgia. It also highlights strategies to prevent obesity by increasing breastfeeding initiation and duration, improving healthy

eating habits, increasing physical activity, and decreasing television viewing. The information in the report is intended to help plan, implement, and evaluate programs to promote healthy behaviors in all Georgians.

As part of the CDC-funded obesity prevention initiative, the Nutrition Section, along with other DPH staff and partners, have developed a ten-year comprehensive plan to prevent obesity and other chronic diseases for all Georgians, including women, infants, children, and adolescents. The plan will be released in summer 2005.

IV. PRIORITIES, PERFORMANCE AND PROGRAM ACTIVITIES

A. BACKGROUND AND OVERVIEW

Over 100 statewide stakeholders participated in Georgia's 2005 MCH needs assessment process, providing feedback on the state's MCH system that the Family Health Branch used in selecting ten priorities that will help guide Branch activities over the next five years. (See II. Needs Assessment for additional stakeholder information.)

EXTERNAL ORGANIZATIONS:
Adoptive and Foster Parents Association of Georgia
Family Connection Partnership of Georgia
Family and community advocates
Georgia Academy of Family Physicians
Georgia Campaign for Adolescent Pregnancy Prevention
Georgia Chapter of the American Academy of Pediatrics
Georgia Governor's Council on Maternal and Infant Health
Georgia Health Policy Center of Georgia State University
Georgia Healthy Start Initiatives
. Atlanta Healthy Start
· Augusta-Richmond County Community Partnership Healthy Start
· Heart of Georgia Healthy Start
Georgia OB/GYN Society
Grady Hospital Nurse Midwifery Program
Grady Hospital Teen Services Program
Healthy Mothers/Healthy Babies Coalition of Georgia
Latin American Association
March of Dimes, Georgia Chapter
Mercer University School of Medicine, Family Medicine
Morehouse School of Medicine
Parent to Parent of Georgia
Voices for Georgia's Children

OTHER STATE-LEVEL AGENCIES:
Department of Community Health
Department of Education
Department of Juvenile Justice
Division of Family and Children Services
Division of Mental Health, Developmental Disabilities, and Addictive Diseases

WITHIN THE DIVISION OF PUBLIC HEALTH:
FHB Program Coordinators
MCH Epidemiology Branch
North Georgia Public Health District

Georgia's needs assessment process has focused on the strengths, challenges, and opportunities within the State's MCH system. With a stronger infrastructure and system capacity built over the past five years, efforts during this five-year period will focus on strengthening the system and expanding services to meet new and emerging needs and concerns, working with MCH partners to maximize available resources. The shift from direct clinical service to case management and linkage to community-based services and the integration of categorical programs continues.

The 2005 needs assessment findings confirmed the overarching themes identified in the previous MCH needs assessment. These themes, described below, cut across MCH populations and levels of the pyramid. They provide the structure that has both guided the Branch's work for the last five years and will continue it over the next five years.

Population and Social Dynamics - With the changing "face" of Georgia, both in terms of size and diversity, issues related to allocation of resources and provision of relevant services must be confronted by policy-makers and service providers. Of particular note are concerns related to non-English speaking clients and limited English proficiency (LEP) clients, which necessitate changes in staff knowledge, skills, and abilities, and in staffing patterns, program content, and policies.

Prevention -- In all of its types -- primary, secondary and tertiary -- policies and programs need to be measured against a prevention yardstick. Preventable morbidity and mortality interventions start with the promotion of healthy lifestyles and safe behaviors. Over time, attainment of the FHB goals focused on these efforts will be reflected by improvement in Georgia's health status indicators.

Injury Prevention -- Primary prevention of both unintentional and intentional injuries is a key issue impacting all MCH population groups. Both in terms of morbidity and mortality, the toll of injury in the MCH population has been understressed and underfunded.

Coordination and Collaboration -- While the multiple partners and stakeholders in the MCH system are all working towards the same goal -- healthy and self sufficient families -- they tend to do so in a fragmented and isolated manner. Opportunities for coordination and collaboration exist in terms of program planning and implementation, personnel, research, data and advocacy.

Quality and Appropriate Service -- From planning to implementation to evaluation, the quality and appropriateness of services need to be at the center of attention. At the planning stage, activities should be based on existing data, focused research, and/or successfully evaluated models. Measures for quality assurance, benchmarking, and outcome and impact evaluation should be incorporated throughout. Training and technical assistance play key roles in assuring that services are of greatest benefit to clients and their families.

Access and Utilization -- A number of barriers exist related to service access and utilization, including lack of interpretative services, reliable transportation, knowledge about existing services, available and affordable child care, accurate perceptions regarding eligibility, oral health services, and mental health services. Enabling services and resources that facilitate consumer use of MCH system services are required to reach target populations. The lack of or inadequate availability of enabling services or resources is an ongoing concern, particularly in many rural areas of the state.

Data Systems -- A critical role exists for the FHB in ensuring the collection and dissemination of quality data. Moreover, the data must be transformed into information and knowledge for state and local decision-makers and opinion-leaders. With the advances in information technology, greater opportunities exist to use this technology to support the collection, warehousing, and use of data in MCH planning, policy development, service delivery, and evaluation.

B. STATE PRIORITIES

Georgia's needs assessment process and core themes (described in Section A. Priorities Background and Overview) validated and reaffirmed the state's MCH priority needs. These priorities, set forth below, will provide the framework guiding the state's MCH planning and policy development over the next five years.

Priority 1: Assure early access to prenatal and postpartum care for pregnant women.

Priority 2: Promote healthy nutritional behaviors and physical activity among the MCH population.

Priority 3: Reduce unintentional and intentional injury.

Priority 4: Improve oral health.

Priority 5: Promote preconceptional health.

Priority 6: Promote healthy behaviors and reduce risk-taking behaviors among adolescents.

Priority 7: Reduce health disparities among the MCH populations.

Priority 8: Assure a comprehensive system of age appropriate screening, referral, and follow-up for children from birth through age 21.

Priority 9: Assure an adequate MCH workforce.

Priority 10: Engage in partnerships that support comprehensive systems to improve the health of MCH populations.

The process that was used to engage FHB program managers and planners in formulating the state performance measures is described in the needs assessment section of this block grant application. The relationship between the state's priority needs, national and state performance measures is identified below. (See attached file for priority tables.)

Relationship of Priority Needs to National and State Performance Measures

PRIORITY 1: Assure early access to prenatal and postpartum care
National Performance Measures (NPM):
· NPM 15: % of VLBW live births
· NPM 17: % of VLBW infants delivered at facilities for high-risk deliveries and neonates
· NPM 18: % of infants born to pregnant women receiving prenatal care beginning in 1st trimester

Proposed State Performance Measure (SPM):
· SPM 1: % of pregnant women who abstain from smoking

National Outcome Measures (NOM):
· NOM 1: Infant mortality rate per 1,000 live births
· NOM 2: Ratio of black infant mortality rate to white infant mortality rate
· NOM 3: Neonatal mortality rate per 1,000 live births
· NOM 4: Postneonatal mortality rate per 1,000 live births
· NOM 5: Perinatal mortality rate per 1,00 live births plus fetal deaths

Health Systems Capacity Indicator (HSCI):
· HSCI 4: % of women (15 through 44) with a live birth whose observed to expected prenatal visits are greater than or equal to 80% on Kotelchuck Index.

Healthy People 2010 Objectives (HP):
· HP Objective 16: MCH
· HP Objective 22: Physical Activity
· HP Objective 27-6: Increase smoking cessation during pregnancy

PRIORITY 2: Promote healthy nutritional behaviors and physical activity
National Performance Measure:
· NPM 11: % of mothers who breastfeed their infants at hospital discharge

Proposed State Performance Measure:
· SPM 2: % of high school students who participate in physical activity for at least 20 minutes on 3 or more of the past 7 days

Health Systems Capacity Indicator:
· HSCI 9C: Ability to determine % of children who are obese or overweight

Healthy People 2010 Objective:
· HP Objective 16-19: Increase proportion of mothers who breastfeed their infants
· HP Objective 19: Nutrition and overweight

PRIORITY 3: Reduce unintentional and intentional injuries
National Performance Measure:
· NPM 10: Rate of deaths to children aged 14 and younger caused by motor vehicle crashes

Proposed State Performance Measure:
· SPM 3: Rate of hospitalizations due to unintentional injuries among children ages one through five

National Outcome Measure:
· NOM 6: Child death rate per 100,000 children aged 1-14

Developmental Health Systems Indicators (DHSI):
· DHSI 3: Motor vehicle crashes ages 1-14
· DHSI 4: Hospitalizations ages 1-14 and 15-24

Healthy People 2010 Objective:
· HP Objective 15: Injury and Violence Prevention

PRIORITY 4: Improve oral health
National Performance Measure:
· NPM 9: % of 3rd grade children who have received protective sealants

Proposed State Performance Measure:
· SPM 4: Proportion of low-income children and adolescents who received any preventive dental service by Medicaid or PeachCare during the last year.

Health Systems Capacity Indicator:
· HSCI 7: % of EPSDT eligible children aged 6-9 who have received any dental service during the year

Healthy People 2010 Objective:
· HP Objective 21: Oral Health

PRIORITY 5: Promote preconceptional health
Proposed State Performance Measure:
· SPM 5: % of women of reproductive age who consume at lest 400 mcg of folic acid daily.

Developmental Health Systems Indicator:
· DHSI 5B: Rate per 1,000 women aged 20-44 with reported case of chlamydia

Healthy People 2010 Objectives:
· HP Objective 9-1: Increase proportion of pregnancies that are intended
· HP Objective 9-2: Reduce proportion of births occurring within 24 months of a previous birth
· HP Objective 9-6: Increase male involvement in pregnancy prevention and family planning efforts
· HP Objective 16-16: Increase proportion of pregnancies begun with optimum folic acid level

· HP Objective 25-9/10: Reduce congenital syphilis/reduce neonatal consequences from maternal STDs

PRIORITY 6: Promote healthy behaviors and reduce risk-taking behaviors among adolescents
National Performance Measures:
· NPM 8: Birth rate for teenagers aged 15 through 17 years
· NPM 16: Rate of suicide deaths among youth aged 15-19

Proposed State Performance Measure:
· SPM 6: % of repeat pregnancies among adolescents aged 15-17 years old.

Health Systems Capacity Indicator:
· HSCI 9B: % of adolescents in grades 9 through 12 who reported using tobacco products in past month

Developmental Health Systems Indicator:
· DHSI 5A: Rate per 1,000 women aged 15-19 with a reported case of chlamydia

Healthy People 2010 Objectives:
· HP Objective 25-11: Increase proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active
· HP Objective 18-2: Reduce the rate of suicide attempts by adolescents
· HP Objective 27-2: Reduce tobacco use by adolescents
· HP Objective 26-6: Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a drinker who had been drinking alcohol
· HP Objective 26-9: Increase the age and proportion of adolescents who remain alcohol and drug free
· HP Objective 25-1: Reduce the proportion of adolescents and young adults with Chlamydia trachomatis infections

PRIORITY 7: Reduce health disparities
National Outcome Measure:
· NPM 2: Ration of black infant mortality rate to white infant mortality rate

Proposed State Performance Measure:
· SPM 7: Ratio of SIDS and SUIDS among African American infants to white infants

Health Systems Capacity Indicator: 5
· HSCI 5: Medicaid and non-Medicaid LBW, infant morality, entry into prenatal care in 1st trimester, and adequate perinatal care

PRIORITY 8: Assure comprehensive system of age appropriate screening, referral and follow-up
National Performance Measures:
· NPM 1: % of newborns who are screened and confirmed with conditions mandated by their state-sponsored newborn screening programs
· NPM 2: % of newborns screened for hearing impairment before hospital discharge
· NPM 3: % of CSHCN age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home.
· NPM 5: % of CSHCN age 0 to 18 whose families report the community-based service systems are organized so they can use them easily

· NPM 6: % of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life
· NPM 12: % of newborns that have been screened for hearing before hospital discharge

Proposed State Performance Measure:
· SPM 8: % of Medicaid children who have had a developmental screening

Health Systems Capacity Indicators:
· HSCI 2: % of Medicaid enrollees whose age is less than one year who received at least one initial or periodic screen
· HSCI 3: % of SCHIP enrollees whose age is less than one year who received at least one initial or periodic screen

Healthy People 2010 Objectives:
· HP Objective 28: Vision and hearing
· HP Objective 18-8: Increase proportion of juvenile justice facilities that screen new admissions for mental health problems
· HP Objective 16-20: Ensure appropriate newborn bloodspot screening, follow up testing, and referral to services

PRIORITY 9: Assure adequate MCH workforce
Proposed State Performance Measure:
· SPM 9: % of MCH local level staff that receive basic Public Health training.

Healthy People 2010 Objective:
· HP Objective 23-8: Increase the public health agencies that incorporate specific competencies in the essential public health services into personnel systems

PRIORITY 10: Engage in partnerships that support comprehensive systems to improve the health of MCH populations.
National Performance Measures: 1, 2, 5, 7, 8, 9, 11, 12, 13, 15, 16, 18
. NPM 1: % of newborns who are screened and confirmed with conditions mandated by their state-sponsored newborn screening programs
· NPM 2: % of newborns screened for hearing impairment before hospital discharge
· NPM 5: % of CSHCN age 0 to 18 whose families report the community-based service systems are organized so they can use them easily
· NPM 7: % of 19 to 35 month olds who have received full schedule of age appropriate immunizations
. NPM 8: Birth rate for teenagers aged 15 through 17 years
. NPM 9: % of 3rd grades who receive protective sealants
. NPM 11:% of mothers who breastfeed their infants at hospital discharge
· NPM 12: % of newborns that have been screened for hearing before hospital discharge
. NPM 13: % of children without health insurance
. NPM 15: % of VLBW live births
. NPM 16: Rate of suicide deaths among youth aged 15-19
. NPM 18: % of infants born to pregnant women receiving prenatal care beginning in 1st trimester

Proposed State Performance Measure:
· SPM 10: The extent to which partnerships that support Early Childhood Comprehensive Systems (ECCS) are effective.

National Outcome Measures:

· NOM 1: Infant mortality rate per 1,000 live births
· NOM 2: Ratio of black infant mortality rate to white infant mortality rate
· NOM 3: Neonatal mortality rate per 1,000 live births
· NOM 4: Postneonatal mortality rate per 1,000 live births
· NOM 5: Perinatal mortality rate per 1,00 live births plus fetal deaths
· NOM 6: Child death rate per 100,000 children aged 1-14

C. NATIONAL PERFORMANCE MEASURES

Performance Measure 01: *The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	100	100	100	100	100
Annual Indicator	NaN	NaN	98.6	100.0	100.0
Numerator	0	0	205	260	214
Denominator	0	0	208	260	214
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	100	100	100	100	100

Notes - 2002

This is the first year that data has been reported in this format. Hence it is not possible to get data prior to 2002.
The three babies not treated had screened positive for hemoglobinopathies and were lost to follow up due to moves and changes in phone numbers.

a. Last Year's Accomplishments

Devised work plan and funding proposals to improve capacity for screening and ensure 100% coverage. (Infrastructure)

Circulated individual hospital reports with information on specimen quality performance. Technical assistance and training offered. Held training throughout the state on drawing satisfactory specimens. Conducted onsite in-services. (Infrastructure)

Monitored and improved system to ensure that all infants whose test results are outside the normal limits for a newborn screening disorder receive prompt and appropriate confirmatory testing. GPHL agreed to provide total database to program, centralize follow-up and provide

grant follow-up contractors access to database. (Infrastructure)

Provided technical assistance, in collaboration with the Public Health Laboratory, to hospitals on specimen collection. Specimen quality improved. (Enabling)

Contracted with Emory University Medical Center (MCG), Grady Hospital, and Medical College of Georgia to follow up all abnormal results. Abnormal screening results are electronically transmitted to Emory, Grady and MCG. Emory, Grady, MCG retrieve babies, confirm diagnosis and initiate appropriate therapy. (Enabling and Direct Medical Care)

Contracted with Emory University Medical Center to provide training on maternal metabolic nutrition. (Enabling)

Linked 97% of newborn hearing screening records to an Electronic Birth Certificate (EBC). (Population-Based)

Developed an electronic program to document short-term follow-up (retrieval, diagnosis, initiation of treatment). (Infrastructure)

Provided PRS training participants with in-service on screening procedures. Perinatal Planners and Outreach Educators work with all hospitals with their perinatal regions to address issues noted on hospitals' quarterly unsatisfactory reports. (Enabling)

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Monitoring the referrals of infants diagnosed with metabolic and hemoglobinopathies to appropriate CSHCN programs (BCW, CMS, HRIFU).		X		
2. Including funds for special formulas in Metabolic Follow Up contract.				X
3. Providing specialized formulas, as needed.			X	
4. Collaborating with Newborn Screening program regarding policies, procedures, and development of Newborn Surveillance and Tracking System.				X
5. Continuing MCH Epidemiology linkage of newborn screening records with Electronic Birth Certificates.				X
6. Continuing to send quarterly hospital reports to identify each hospital's unsatisfactory specimens.				X
7. Continuing to follow up all abnormal screening test results contractually. (All infants diagnosed with a disorder are referred to Children 1st by the follow up program.)				X
8.				
9.				
10.				

b. Current Activities

Initiated screening for MCADD in January 2005. Four babies have been diagnosed to date and are in treatment. (Population-Based)

Released news release to media (January 24, 2005), "DHR adds new screening test for newborns that can save lives." (Enabling)

Revised newborn screening rules to change time of collection from 48 to 24 hours. Rules will become effective when filed in Secretary of State's Office (expected to be summer 2005). (Infrastructure)

Appointed (NBS Advisory Committee) a task force to make recommendations concerning newborn screening for cystic fibrosis. (Infrastructure)

Recommended (NBS Advisory Committee) that screening for cystic fibrosis and the remaining 15 tandem mass spectrometry (TMS) conditions be added to the panel. (Infrastructure)

Appropriated (Georgia Legislature) $1.6 million to support newborn screening for MCADD and biotinidase deficiency. (Infrastructure)

Conducting cost analysis of newborn screening as basis for developing a newborn screening fee schedule. (Infrastructure)

Completed and distributed educational CD and pocket reference card to providers. (Enabling)

Updated and enhanced newborn screening web page (http://health.state.ga.us/programs/nwmscd/). (Enabling)

Referring all babies with abnormal screening test results to follow-up contractors for retrieval and diagnosis. (Direct Medical Care)

Referring all babies with a diagnosed disease to Children 1st. (Enabling)

Providing assistance to providers requesting metabolic results, answering provider questions on follow-up agencies (i.e., Sickle Cell Foundation) and clarifying terminologies, using the Newborn Screening Reference Manual. (Infrastructure)

Participating in Newborn Screening workgroup, advisory group, and Epi meeting sessions. (Infrastructure)

Implementing pilot project to examine delays associated with unsatisfactory specimens and suitability of testing. (Infrastructure)

Developing proposed fee system to support NBS. (Infrastructure)

Continuing to refine the follow-up documentation program. (Infrastructure)

Continuing to send hospital data reports. (Infrastructure)

Distributing posters to promote parent awareness of newborn screening. (Population-Based)

Continuing to assist hospitals with technical assistance and education on newborn screening. (Infrastructure)

c. Plan for the Coming Year

Include fee proposal in FY 2007 budget.

Complete pilot project to evaluate specimens designated as unsatisfactory for testing.

Make a recommendation about testing for congenital hypothyroidism (TSH or T4 or both) based on empirical data.

Analyze newborn screening data by disease screened for occurrence and quality.

Performance Measure 02: *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective				0	0
Annual Indicator			60.8	60.8	60.8
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	60.8	60.8	60.8	60.8	60.8

Notes - 2002

The 2002 indicator is based on the State estimates from SLAITS. It is not possible to provide objectives for future years at this time. Objectives will be provided in the future after program data has been collected.

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data used is SLAITS data as this is the only population-based source data available in Georgia.

a. Last Year's Accomplishments

Identified strategies to address the six MCHB national performance measures. (Infrastructure)

Partnered with CMS families in discussion and decision-making related to their child's and family's plan of care. (Enabling)

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

	Pyramid Level of

Activities	Service			
	DHC	ES	PBS	IB
1. Continuing family participation through development of CMS care coordination plan of care.		X		
2. Planning "family satisfaction" surveys on selected areas/topics.				X
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Completed statewide CMS family satisfaction survey. Results indicated that 93 percent of families strongly agreed or agreed with regard to satisfaction with: 1) information to manage child's care, plan of care, and care coordinators; 2) ease of access to services; and 3) actual services. (Enabling)

Held (public health districts) parent involvement activities, such as family picnics, local ICC meetings (BCW and CMS), parent conferences, and Family Connection meetings. (Enabling)

Conducted parent interviews during on-site district QA visits. Results indicate high level of satisfaction with CMS services and programs. (Enabling)

Presented family experiences and stories, presented by parents of CMS enrolled children, at April 2005 CMS Coordinators' meeting. (Enabling)

c. Plan for the Coming Year

Continue CMS district program work with families at the local level to involve them in their plans of care.

Continue family participation on QA Program Review Team.

Continue to implement activities that provide information and seek input from families on all applicable issues.

Seek family input as part of the QA review process during on-site reviews.

Use the results of the 2005 Family Satisfaction Survey to assist in planning QA efforts during the year.

Performance Measure 03: *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective				0	0
Annual Indicator			49.4	49.4	49.4
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	50	50	51	51	51

Notes - 2002

The 2002 indicator is based on the State estimates from SLAITS. It is not possible to provide objectives at this time. Objectives will be provided in the future after program data is collected.

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure. It is not possible to provide objectives at this time. Objectives will be provided in the future after program data is collected.

The data used is SLAITS data as this is the only population-based source of data available to Georgia.

a. Last Year's Accomplishments

Promoted medical home for all CSN. Reported medical home in all CSN programs. Approximately 91% of CMS clients have a medical home and about 90% receive care coordination. (Enabling)

Reported and monitored medical/health home and primary physician for every CSN. Documented and monitored child's medical home status in all CSN client records. Reported semiannually on data reports. (Infrastructure)

Promoted medical home concept through the state ICC and HRSA Early Childhood Comprehensive Systems grant. (Population-Based)

Collaborated with the Georgia Chapter of the AAP to increase knowledge of and support for Children 1st and CSHCN programs. (Population-Based)

Coordinated programs with child's primary care provider and made physician referrals if a child does not have a primary care provider. (Population-Based)

Developed strategies at the local program level for continuous and ongoing monitoring of medical home for children enrolled in CSN (HRIFU, CMS, BCW). (Enabling)

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continuing CSN participation in FHB Early Childhood Comprehensive Systems (ECCS) grant. (One component of the grant is the planning and implementation of infrastructure for statewide Medical Home Initiative for all children.)				X
2. Continuing to facilitate CSN program enrollees accessing medical home.		X		
3. Continuing to document the percentage of CSN enrollees who have documented medical home.		X		
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Continuing to facilitate CMS program enrollees accessing a medical home. As of 12/31/04, 89 percent of CMS enrolled clients had a medical home. One hundred percent of HRIFU enrollees had a medical home as of July 2004 (information collected annually.) (Direct Medical Care)

Continuing to link CSN children with medically necessary specialty services, coordinating linkage with child's medical home/primary care provider. (Direct Medical Care)

Linking infants to needed audiological diagnostic services utilizing state's Universal Newborn Hearing Screen and Intervention Program. (Direct Medical Care)

Continuing to collaborate on Medical Home Component of Early Childhood Comprehensive Systems grant. (Infrastructure)

c. Plan for the Coming Year

Continue to facilitate access to medical homes for enrolled clients and collaborate with PCP and specialists in delivering services.

Promote medical home and early identification of CSN through contracts and training with AFP and AAP.

Work with DCH, AAP, and AFP to promote standardized screening tools for all Medicaid and PeachCare children.

Performance Measure 04: *The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need.*

(CSHCN Survey)

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective				0	0
Annual Indicator			56.4	56.4	56.4
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	57	57	58	58	58

Notes - 2002

The 2002 indicator is based on the State estimates from SLAITS. It is not possible to provide objectives at this time. Objectives will be provided in the future after program data has been collected.

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure. It is not possible to provide objectives at this time. Objectives will be provided in the future after program data is collected.

The data used is SLAITS data as this is the only population-based source of data available to Georgia.

a. Last Year's Accomplishments

Monitored the percent without insurance. (Infrastructure)

Collaborated with other FHB programs to increase enrollment in insurance coverage and in Health Check. (Infrastructure)

Implemented and monitored contract with DCH to provide linkages to Medicaid and PeachCare for case management and receipt of medical services. (Infrastructure)

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1. Continuing to monitor payment sources for services (i.e., types of				**X**

insurance) and refer families to potential resources.				
2. Developing plan to identify service needs of families not covered by insurance.				X
3. Continuing to work with Medicaid and PeachCare to link all eligible children.		X		
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Continuing to monitor payment sources for services (i.e., types of insurance) and refer families to potential resources. (Infrastructure)

Developing plan to identify service needs of families not covered by insurance. (Infrastructure)

Continuing to work with Medicaid and PeachCare to link all eligible children. As of 12/31/04, 63.2 percent of CMS clients had Medicaid, 8.5 percent PeachCare, 14.72% private insurance, Tricare 0.008 percent, and 12.9% CMS. (Infrastructure)

c. Plan for the Coming Year

Continue to monitor payment sources and refer CMS clients to potential resources, including Medicaid and PeachCare and provide care coordination to meet all possible service needs of clients and their families.

Increase collaborative efforts between CSN and AHYD population teams.

Work with Healthy Mothers, Healthy Babies to ensure that needs identified through the PowerLine are communicated.

Performance Measure 05: *Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective				0	0
Annual Indicator			74.9	74.9	74.9

Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	75	75	76	76	76

Notes - 2002

The 2002 indicator is based on the State estimates from SLAITS. It is not possible to provide objectives at this time. Objectives will be provided in the future after program data has been collected.

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure. It is not possible to provide objectives at this time. Objectives will be provided in the future after program data is collected.

The data used is SLAITS data as this is the only population-based source of data available to Georgia.

a. Last Year's Accomplishments

Identified strategies to address new performance measure. (Infrastructure)

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1. Gathering data from other states and MCHB sponsored contracts that have completed previous work in this area.				**X**
2. Planning to develop strategies to survey families regarding organization and accessibility of community-based service systems.				**X**
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Completed CMS statewide family satisfaction survey. Results indicate 94 percent of respondents said they had a way of getting to the services and that it was easy to get to the

location were the services were offered. Approximately 93 percent of respondents agreed or strongly agreed that services were offered at convenient times. (Infrastructure)

Continuing to work on integrating services for CSHCNs. (Infrastructure)

Continuing to facilitate client and family use of all available service systems. (Enabling)

c. Plan for the Coming Year

Use results of CMS family satisfaction survey to improve QA efforts.

Performance Measure 06: *The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	0	0	0
Annual Indicator			5.8	5.8	5.8
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	6	6	6	7	7

Notes - 2002

Because only one of the States (Maine) met the NCHS standards for reliability for PM 6, the 2002 indicator is the national average except for Maine which has its State value noted.
It is not possible to provide objectives at this point. Objectives will be provided in future after program data has been collected.

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure. It is not possible to provide objectives at this time. Objectives will be provided in the future after program data is collected.

The data used is SLAITS data as this is the only population-based source of data available to Georgia.

a. Last Year's Accomplishments

Planned and implemented training opportunities for district staff related to transition services for youth with special health care needs, based on needs assessment of districts. (Enabling)

Presented an overview of Kentucky's seven year process in integrating transition into care coordination to CMS Coordinators. Overview included screening and assessment tools and plans of care. (Enabling)

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continuing to provide literature and updates on transition services to district coordinators.		X		
2. Planning to produce packet of transition materials for district coordinators to use with clients and families.				X
3. Collecting data on percent of clients and families with a transitional plan of care.				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Working on transition manual to facilitate the consistency and ease of producing a transition plan for clients. Currently 66.5% of clients 16-21 years of age have a transition plan. (Infrastructure)

Served as member of Georgia Department of Education Steering Committee that developed transition guidelines for the education setting. (Infrastructure)

c. Plan for the Coming Year

Continue to work on finalization and approval of CMS Transition Planning Manual.

Continue to collect data on percent of CMS clients with a transition plan.

Present talk by nationally known speaker on Transition of Youth with SHCN at the Georgia Public Health Association 2005 annual meeting.

Performance Measure 07: *Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	82	82	83	84	85
Annual Indicator	78	81	81	79.3	77.3
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	85	86	86	87	87

Notes - 2002

Data for 2002 is not yet available. 2002 data will be provided in the 2005 Block Grant.

Notes - 2003

The data being survey data (The National Immunzation Survey), it is not meaningful to report a numerator and denominator.
These data pertain to the period July 2002-June 2003, representing the Fiscal Year 2003

Notes - 2004

The data pertains to the period July 2003 - June 2004 for the immunization schedule 4:3:1:3:3:1. This data was reported in previous years for the 4:3:1:3:3 schedule. The Immunization Office has recommended that in the 2006 MCH Block Grant and thereafter, that the 4:3:1:3:3:1 scheduled be used.

a. Last Year's Accomplishments

Trained 52 professionals as Child Care Health Consultants to promote immunizations and other public health issues. Immunization also promoted through training of childcare providers. (Infrastructure)

Collaborated with the Immunization Program in assessing immunization rates of five year olds. (Enabling)

Promoted immunization through Lunch and Learn sessions and quality assurance visits to private physician offices and public health clinics. (Enabling)

Collaborated with DCH and the Georgia Chapter of the AAP for service surveillance surrounding immunizations for children 19-36 months of age who have/have not had immunizations brought up to date. (Population-Based)

Collaborated with DCH, Immunization Section, and the Epidemiology Branch to provide an update at the Government Performance Results Act (GPRA) meeting in Atlanta. (Enabling)

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Participating in quarterly immunization coordinators meetings.				X
2. Promoting childhood immunizations during all activities that target young children, i.e., Children 1st, Healthy Childcare Georgia, Health Check, etc.			X	
3. Including immunization assessment during desk audits and in programs, i.e., Children 1st, Health Check, and WIC.	X			
4. Collaborating with the Department of Community Health and the American Academy of Pediatrics - Georgia Chapter to assure that private providers offer appropriate services, including immunizations to children who are enrolled in Medicaid and PeachCare				X
5. Montioring health status of at-risk children birth to age 5 through Children 1st.			X	
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Monitoring health status of at-risk children birth to age 5 through Children 1st. Promote immunization through all activities that target young children (Children 1st, Well Child, Healthy Child Care Georgia, etc.). During the Children 1st family assessment process, encourage families to keep child immunized. (Population-Based)

Participating in quarterly Immunization Coordinators meetings, sharing pertinent childhood immunization information with child health coordinators and ICH team. (Enabling)

Discuss deficiencies, identified during Well Child Reviews in county health departments and private pediatric practices, with providers. Complete documentation and submit report to DCH for appropriate action. (Infrastructure)

c. Plan for the Coming Year

Continue to participate in quarterly immunization coordinators' meetings.

Continue to monitor immunizations in all age groups through Health Check chart reviews and other assessments.

Continue to collaborate with the Department of Community Health and the American Academy of Pediatrics -- Georgia Chapter to assure that private providers offer appropriate services, including immunizations to children who are enrolled in Medicaid and PeachCare for Kids.

Continue to monitor health status of at-risk children birth to age 5 through Children 1st.

Work through contracts with medical organizations to promote immunizations for children and adults.

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	37	36	35	34	33
Annual Indicator	36.0	33.3	31.6	29.3	
Numerator	6085	5741	5549	5222	
Denominator	168842	172220	175400	178328	
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	29	29	28	28	27

Notes - 2002

2002 data is not available as yet. 2002 data will be provided in the 2005 Block Grant .

Notes - 2003

Data for 2003 is not yet available, this will be reported in the FY 2006 Block Grant.

Notes - 2004

These data are not yet available.

a. Last Year's Accomplishments

Promoted the importance of strategies for increasing Medicaid and PeachCare enrollment to male involvement and community involvement contractors. (Enabling)

Provided Leadership Training to parents on talking to teens through a contract with Morehouse School of Medicine. (Enabling)

Held regional marketing training on Abstinence Education. (Infrastructure)

Developed Georgia Teen Center Model for AHYD Programs and Services. This structured approach to district adolescent health services includes eight key program areas: 1) youth and family involvement program planning; 2) guided adult mentoring; 3) peer and youth leadership; 4) community service learning; 5) use of proven prevention curriculums; 6) community education and involvement; 7) preventive adolescent health services; and 8) individualized health education. (Infrastructure)

Implemented Georgia Abstinence Education Public Awareness Campaign in November 2003. In first six months of 2004, 20,000 posters were disseminated and 133 radio stories and 19 news print stories aired. Approximately 14 movie theaters across the state presented campaign movie billboards slides and collateral materials at no cost. During the remainder of 2004, five

faith-based publications ran the campaign ad for four weeks. Campaign posters and other collateral materials were distributed to middle and high schools in each public health district. (Enabling)

Revised program requirements and expectations for AHYD's Abstinence Only education programs based on results of a five-year evaluation. (Infrastructure)

Disseminated data on counties with highest rates of repeat births. Birth rate data was also used in selection criteria for teen center pilot sites. (Infrastructure)

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continuing training, technical assistance, and monitoring of contracts and Grants-in-Aids (GIA), both of which include deliverables that address community and parent education/collaboration, outreach, and youth development activities for teens to sup				X
2. Collaborate with the Department of Community Health to provide linkage with Medicaid and PeachCare for Kids for case management and receipt of medical services.				X
3. Collaborating with the Department of Juvenile Justice to provide services to youth upon release.				X
4. Operating family planning clinics for teens in non-traditional sites (e.g., night clinic, vans, jails, DFCS offices).	X			
5. Funding Southside Medical Hospital Project, working with adolescent males to encourage them to get involved in health care.		X		
6. Providing abstinence and teen pregnancy information and contraceptive service in teen centers operating in each district.			X	
7. Developing FHB procedures to assure receipt of case management and/or follow up for all adolescents in need of MCH family and/or family development services.				X
8. Providing coordination and leadership in the development of Regional Comprehensive Youth Development Systems throughout Georgia.				X
9.				
10.				

b. Current Activities

Implemented new DHR Adolescent Pregnancy and STD Prevention Services Policy for Teen Centers, placing abstinence education as the key risk reduction strategy/message. The DHR policy, implemented September 2004, requires establishment of parent advisory councils for each funded center and that abstinence education represent 50 percent of all sexuality education implemented through AHYD funded teen centers. Policy mandates teen center use of DPH protocols for contraceptive distribution, including abstinence education counseling, encouraging parental involvement, and signed consent. The new policy also mandates uses of best practice approaches. (Infrastructure)

Held statewide conference on abstinence education, in collaboration with Kennesaw State University, in October 2004. The conference was a networking and collaborative opportunity for approximately 250 youth, parents, members of the faith community, youth development

workers, educators, and social services professionals. (Enabling)

Referring youth to Medicaid and PeachCare for Kids through a contract with DFCS. (Infrastructure)

Collaborating with DHR Epi Section to plan and implement phase I of an outcome evaluation that includes a behavioral self-assessment survey of risk taking behaviors among teen center participants (BART). A survey instrument pilot test in five teen center sites was completed in April 2005. (Infrastructure)

Implemented three training programs for 60 abstinence education subcontractors, state and district health staff, and public information officers to review, plan and, and effectively implement statewide abstinence education awareness campaign message, Abstinence, Attractive In So Many Ways, and marketing activities. (Enabling)

Reprinted and distributed 22,780 English (90%) and Spanish (10%) language abstinence education campaign posters. (Enabling)

Placed abstinence education posters and collateral materials in more than two middle and two high schools in each public health district. (Enabling)

Placed paid radio advertising in five cities (approximately 75-80 spots per city) over a three-month period. (Enabling)

Placed a print ad in 32 daily newspapers and magazines throughout the state (except Atlanta) and in five faith-based publications over a four-week period. (Enabling)

Placed movie screen ads in approximately 26 theaters throughout the state of Georgia for a three-week period. (Enabling)

Premiered "Empowering Congregations as Resources for Adolescent Health and Youth Development" CD for faith leaders at June 16, 2005 meeting with faith community co-sponsored by DHR and Emory Interfaith Coalition. (Enabling)

Collaborated with the Department of Juvenile Justice (DJJ) to conduct a pilot in Rome, Georgia for a coordinated system of care for youth upon release from DJJ facilities. (Infrastructure)

c. Plan for the Coming Year

Continue FY 2005 activities.

Use best practice and evidence-based research in the development and funding of performance contracts, Grant-in-Aid requirements, and policies and procedures manual for teen pregnancy prevention services.

Provide coordination and leadership in the development of Regional Comprehensive Youth Development Systems throughout Georgia.

Develop FHB procedures to assure receipt of case management and follow-up for all adolescents in need of MCH health and/or youth development services.

Work with Interfaith Health Program and faith community to promote congregation use of adolescent faith health CD tool kit.

Collaborate with DFCS to promote after school programs.

In collaboration with Cayce Foundation, host Plain Talk workshop at September 2005 Georgia Public Health Association meeting to promote expansion of Plain Talk communities in Georgia.

Work with GTA to develop web-based training based on six youth development modules for youth workers and parent advisory committees.

Performance Measure 09: *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	6	9	13	13.3	13.5
Annual Indicator	8.5	9.5	13.6	13.5	39
Numerator	9852	10974	1627	1731	
Denominator	115478	115678	11944	12805	
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	39	40	41	42	43

Notes - 2002

The numerator represents the number of 3rd grade children served by the Public Health Oral Health program and received protective sealants.
The denominator represents the number of 3rd grade children who were served by the Public Health Oral Health Program.
The data has been changed starting this year, to make both numerator and denominator refer to program data. In the past, the numerator referred to program data and the denominator was population data.

Notes - 2003

The data source was changed in 2002 to reflect school children served by public health only.

Notes - 2004

Data was collected by the Georgia 3rd Grade Oral Health Screening Survey managed by the State Oral Health Section, conducted locally (February/March 2005) with consultation and data analysis
provided by ASTDD. This is the first year for which a population-based estimate is provided. Because the data is survey data, a numerator and denominator are not provided.

a. Last Year's Accomplishments

Implemented Access-based data collection system in districts with computers. District staff received information and training. (Infrastructure

Provided Child Care Health Consultant training on the topic of oral health in child care. (Infrastructure)

Created school health (including oral health) video for use in informing teachers, school nurses, school children, and parents about health. (Enabling)

Gathered equipment and supply lists from each district with a dental trailer to assess needs and facilitate provision of basic restorative services (e.g. fillings). (Enabling)

Met with Georgia Rural Health Association annual meeting attendees to discuss critical need for access to dental services in rural areas of the state. (Enabling)

Developed School Screening Form 3300 survey/audit in collaboration with the School Health and Nutrition programs. (Infrastructure)

Provided mobile dental trailers and staff volunteers for Third Annual Give Kids A Smile (dental services) program in February 2004. (Enabling)

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continuing to visit schools to conduct screenings on children, place sealants when needed, and provide prevention services, education, and fluoride treatments.			X	
2. Continuing implementation of three Georgia Access to Dental Services (GADS I) district grant projects, including project monitoring and evaluation through submitted reports.				X
3. Continuing monitoring, technical assistance, and project development for ongoing States Oral Health Collaborative Systems Grant (GADS II) district projects.				X
4. Continuing monitoring and project development of state and district projects for any additional awarded funds (e.g., additional funding for ongoing years of GADS II activities).				X
5. Continuing to provide ongoing consultative support and technical assistance to districts, including monitoring and evaluation.				X
6. Continuing efforts to adjust salaries for district dental clinical staff.				X
7. Continuing provision of technical assistance and monitoring to district mobile dental trailer program to provide fillings and minor oral surgeries services at elementary school sites (selected by high student participation in free and reduced lunch p			X	
8.				
9.				
10.				

b. Current Activities

Continue to implement oral health prevention plan. (Population-based)

Assisting districts with the development, implementation, and ongoing evaluation of their preventive oral health service programs. (Infrastructure)

Worked with schools throughout the state on dental health education and screening programs. (Enabling)

Contracted with Georgia Health Policy Center to update Medicaid/PeachCare CY 2004 data analysis and GOHP FY 2004 programmatic data that demonstrate current access to oral health care. (Infrastructure)

Participated in November 2004 CDC Water Fluoridation: Principles and Practices training course. (Infrastructure)

Implemented GADS district projects and completed monitoring site visits. (Infrastructure)

Conducted statewide symposium in November 2004 on "Educating Dental Professionals about Children with Special Health Care Needs." The symposium was created through joint collaborations between the state offices of CSHCN, Oral Health, Georgia Dental Association, and Medical College of Georgia. (Infrastructure and Enabling)

Planned and implemented the Georgia 3rd Grade Oral Health Survey (GA3GOHS), funded by Georgia Access to Dental Services (GADS) III, to measure access to dental care, disease status, and dental sealants on 1st permanent molar teeth. The survey also measured indicators of nutrition status (height and weight). Partnered with ASTDD to implement survey and analyze data, using a data scanner to assist with analysis of screening form 3300 survey/audits. (Infrastructure)

Participated in pilot of audit form for measuring appropriate use of School Screening Form 3300 in collaboration with School Health and Nutrition programs. (Infrastructure)

Developing collaborations with the Head Start program to increase access to care through partnerships with public health and to prepare for implementation of a survey to measure disease status and access to care in this population group. (Infrastructure)

Conducted monitoring and TA for Georgia Rural Water contract deliverable. Provided guidance to ensure compliance with contract. (Infrastructure)

Conducted Georgia Dental Health Poster Contest for elementary school age children (grades K-5) promoting oral health awareness. (Enabling)

Served as member of the Association of State and Territorial Dental Directors, Committee on School and Adolescent Oral Health to provide national data on access to care for this population. (Infrastructure and Population-based)

Participated in state level preparations for implementation of Care Managed Organization management of the Medicaid/PeachCare programs. Provided TA to local level programs. (Infrastructure)

c. Plan for the Coming Year

Provide oral health consultations and serve as resource to the districts and DPH. Assist districts by providing training materials and guidance in conducting school nurse training in oral health screening techniques.

Continue participation in the Give Kids A Smile program (screening and treatment) held in

February and the Georgia Special Olympics Special Smiles (screening) event in May.

Conduct school health/oral poster contest during National Children's Dental Health Month activities in February through district collaborations and support from Georgia Dental Hygienists and Dental Associations.

Enhance and maintain Oral Health web page.

Provide data team and DPH staff information on topics concerning oral health.

Contract with Georgia Health Policy Center (GHCP) to update 2005 Medicaid and oral health data. Monitor and update data relevant to statewide Georgia Oral Health Program, including monthly data submissions from local level programs and updating GHPC service reports for each district and statewide.

Integrate with Nutrition Section and other FHB sections as related to oral health. Consult with and assist districts in submitting Georgia Oral Health Prevention program data to the data team at state level for analysis.

Provide TA and consultation to district dental programs on implementation and compliance with requirements of managed care service delivery and reimbursement programs.

Develop updated logic models incorporating OPH accomplishments, needs and initiatives for use in evaluating and measuring value of Georgia's public health oral health programs.

Develop a data resource document for fluoride varnish to assist dental professionals in selecting the products that best suit their treatment needs and to enhance development of best practice protocols for fluoride varnish applications.

Provide training for key state level oral health staff in operations and use of survey scanning tools and equipment.

Plan and conduct November 2005 Oral Health Statewide Summit meeting for sharing of best practices developed in GADS I projects. Create and distribute project tools for statewide replication of GADS I piloted community collaboration projects.

Plan and implement oral health screening survey for statewide Head Start programs.

Plan and conduct statewide Head Start Symposium.

Present oral health public health programs at Child Policy Symposium sponsored by Georgia State University Andrew Young School of Policy Studies and University of Georgia Carl Vinson Institute of Government, September 2005.

Present on 3rd grade oral health survey at Georgia Public Health Association meeting, September 2005.

Create, distribute, and provide presentations on data analysis reports of 2005 3rd grade oral health survey results. Provide results to national, local, and state level organizations that impact oral health policy.

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	5.8	5.7	5.6	5.5	5.4
Annual Indicator	4.7	5.4	5.1	4.3	
Numerator	85	101	97	82	
Denominator	1818493	1870777	1904600	1927079	
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	4.2	4.2	4.1	4.1	4.1

Notes - 2002

Data is not available as yet for 2002. 2002 data will be provided in the 2005 Block grant.
The 2001 denominator is the same as the 2000 population because the Census Bureau did not produce estimates for 2001 or 2002.

Notes - 2003

Data for 2003 is not yet available, this will be reported in the FY 2006 Block Grant.
The denominator for 2001 has been updated with the 2001 population estimate.

Notes - 2004

These data are not yet available.

a. Last Year's Accomplishments

Included car seat safety as one of the Child Health Assessment form's educational topics for age appropriate anticipatory guidance. (Infrastructure)

Conducted "Ghost Outs" for auto safety in several public health districts. (Population-Based)

Rolled out Bright Futures anticipatory guidance, which includes injury prevention information for all age groups of children, throughout state. Copies given to every county and district public health department. (Infrastructure)

Purchased car seats and Broselow Pediatric Resuscitation Systems in collaboration with Emergency Medical Services and Injury Prevention Offices. Rollout in Spring 2003. (Enabling)

Developed and disseminated car safety materials in collaboration with Safe Kids. Working with DHR OOC on media awareness. (Enabling)

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			

	DHC	ES	PBS	IB
1. Providing training, technical assistance, and monitoring regarding GIA funded activities related to car safety/prevention education activities.			X	
2. Providing training, technical assistance, and monitoring in the use of Bright Future's Anticipatory Guidance to Parents and Adolescents regarding motor vehicle safety.				X
3. Continuing collaboration with the DHR Office of Injury Prevention.				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Conducting regional trainings based on district level community needs assessments and resources. (Enabling)

Developed collaborative relationships between the Injury Prevention Section, Children's Medical Services, and health care providers to promote transportation of children with special medical needs. (Enabling)

Assisted (Injury Prevention Section) with 30 trainings for local child fatality review boards. Training encompassed motor vehicle safety issues and focused on preventability. (Enabling)

Collaborated with Injury Prevention Section to conduct training for Youth Development Coordinators. Trainings focused on strategies for prevention education activities for adolescents, including parenting teens. (Enabling)

c. Plan for the Coming Year

Work with Injury Prevention Section, GCAPP and Governor's Office of Highway Safety (GOHS) to conduct regional trainings for Teen Center Parent and Youth Advisory Committees, with focus on the establishment of local action committees.

In collaboration with GOHS, Injury Prevention Section will assess child passenger safety issues specifically pertaining to children who are not in booster seats and who are not yet drivers. The goal of the assessment will be to review and possibly develop interventions for children in this age group.

Collaborate with GOHS and the Department of Education to teach school transportation personnel about safe transportation of children.

Performance Measure 11: *Percentage of mothers who breastfeed their infants at hospital discharge.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	60	62	64	66	68
Annual Indicator	64	NaN	NaN	62.7	
Numerator		0	0		
Denominator		0	0		
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	70	72	74	76	78

Notes - 2002

PRAMS data is not available for 2002.

Notes - 2003

data is from 2003 National Immunization Survey administered by CDC (13% of the sample was asked the breastfeeding question). PRAMS data had been reported in previous years but is not available for the years 2000, 2001 and 2002.

Notes - 2004

The latest data available is from the National Immunization Survey for 2003.

a. Last Year's Accomplishments

Conducted quarterly regional meetings of the Georgia Task Force for Breastfeeding, rotating between the state's perinatal regions. (Enabling)

Received USDA funding for Certified Lactation Counselor training for up to 100 staff. (Infrastructure)

Received USDA funding to implement the Using Loving Support to Build a Breastfeeding Friendly Community Project. (Infrastructure)

Completed analysis of the Pregnancy Risk Assessment and Monitoring Survey (PRAMS) breastfeeding data for 2001, showing breastfeeding rates for the general population of 63.7% and 49.4% for the WIC population. (Infrastructure)

Sent letter out to pediatricians from the GA/AAP Breastfeeding Coordinator showing breastfeeding rates in Georgia over time and urging physicians to become involved in breastfeeding promotion. (Enabling)

Held annual breastfeeding workshops in Rome, Dalton, Columbus, Brunswick, Savannah and Atlanta. (Enabling)

Held Loving Support for Breastfeeding training in May 2004, attended by perinatal providers across the state. (Enabling)

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Maintaining breastfeeding coalitions and collaborative efforts at the state and district level.				X
2. Assisting districts in implementing breastfeeding education and support plans.		X		
3. Continuing monitoring and surveillance of breastfeeding initiation and duration data.				X
4. Integrating breastfeeding promotion into relevant MCH, public health, and community-based programs such as Children 1st, Regional Perinatal System, Perinatal Case Management (PCM), Georgia's Nutrition and Physical Activity Initiative to prevent obesi		X		
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Offering breastfeeding training and resources for all PCM/ORS training participants. All PCM/PRS clients are encouraged and assisted to breastfeed their infants. (Enabling)

Continuing breastfeeding initiatives at all regional perinatal centers to promote breastfeeding for high-risk neonates. (Enabling)

Incorporated breastfeeding promotion strategies as a key component of "Overweight and Obesity in Georgia 2005" (released May 2005) and Georgia's State Plan for Nutrition and Physical Activity (Take Charge of Your Health, Georgia!) to prevent obesity and other chronic diseases. (Report to be released in June 2005.) (Infrastructure)

Breastfeeding awareness proclamation signed by Governor Perdue and news release issued to media, "Governor Perdue helps raise awareness about health benefits of breastfeeding."

c. Plan for the Coming Year

Through the Loving Support Campaign, continue to implement Building a Breastfeeding Friendly Community and Educating Physicians in Their Community (EPIC) initiatives.

Utilizing $392,000 awarded in FFY 2005 to the Georgia WIC Program, continue implementation of Breastfeeding Peer Counselor Program in nine health districts, targeting ethnic groups in rural, urban, clinic, hospital, and community settings.

Performance Measure 12: *Percentage of newborns who have been screened for hearing before hospital discharge.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	60	70	95	95	95
Annual Indicator	49.0	80.5	93.9	95.3	97.0
Numerator	64785	108156	125881	130254	132029
Denominator	132286	134402	134012	136667	136123
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	95	95	95	95	95

Notes - 2002

The denominator for 2002 is an estimate for occurrent births.

Notes - 2003

The denominator is a preliminary estimate of In-hospital occurrent births in Georgia in 2003. The denominator for 2002 has been updated with the final number.

a. Last Year's Accomplishments

Developed database system to improve tracking. Implementation is in pilot stages. (Infrastructure)

Analyzed and communicated data on high refer/low screening rates. (Infrastructure)

Provided incentive payments for eligible hospitals and reimbursement for audiology evaluations and held two-day training course for audiologists on diagnostics for infants. Also provided training for metro hospitals nurses, perinatal outreach educators, and parents. Made presentation at Georgia Chapter of the American Academy of Pediatrics meeting. (Infrastructure, enabling)

Mapped audiology resources statewide. (Infrastructure)

Added hearing to list of notifiable birth defects. (Infrastructure)

Included UNHSI elements in Children 1st tracking. (Infrastructure)

Developed heath education and provider training materials targeting parents whose children did not pass UNHS screening tests. Brochures also have been draft in Vietnamese and Korean. Displayed health education information at eight professional/parent meetings statewide. (Enabling)

Rolled out Children 1st/UNHS Access data piloted in six public health districts. (Infrastructure)

Revitalized UNHS district teams in seven health districts. (Infrastructure)

Developed "use case" with MCH Epi for upcoming web-based surveillance and tracking system. (Infrastructure)

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continuing to provide hospital incentives.			X	
2. Continuing to promote UNHSI.			X	
3. Providing training and technical assistance to hospitals screening newborns.				X
4. Assisting hospitals in updating screening equipment.				X
5. Developing data system to link newborn hearing screening information with electronic birth certificate.				X
6. Providing technical assistance to Children 1st in health districts to link with children identified through screening reports from hospitals.				X
7.				
8.				
9.				
10.				

b. Current Activities

Screening 98 percent of all newborns prior to discharge from birthing hospitals, with a statewide referral rate of 4 percent. (Population-Based)

Effective January 1, 2005, implemented new hospital incentive funds requirement to increase screening rates to 95%, in an effort to ensure that all babies receive a hearing screen prior to hospital discharge. (Population-Based)

Provided funds to 11 health districts to purchase screening equipment to increase follow-up screening rate for infants not passing the initial hospital screen. (Infrastructure)

Providing technical assistance to hospitals, district staff, and providers on reporting requirements and follow-up for UNHS. (Infrastructure)

Conducted annual hospital and audiology survey to assess provider needs in UNHS process. (Infrastructure)

Implemented Access database in seven pilot districts to improve tracking and surveillance of infants referred through UNHS. (Infrastructure)

Continue to collaborate with MCH Epidemiologist in development of a statewide web-based system to track and monitor infants and children through UNHS for surveillance and quality assurance. (Infrastructure)

Developed final version of UNHS Resource Guide to inform providers and public of the importance and availability of newborn hearing screening and offer resources for follow-up and intervention throughout the state. (Population-Based)

Completed application for three year HRSA grant to provide training on the use of the web-based tracking and surveillance system and evaluate its effectiveness. (Infrastructure)

c. Plan for the Coming Year

Continue to collaborate with MCH epidemiologist in the development of a statewide web-based system to track and monitor infants and children through UNHSI for surveillance and quality assurance.

Promote district UNHSI teams to identify and address gaps in screening and follow-up activities.

Performance Measure 13: *Percent of children without health insurance.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	13	12	12	11	11
Annual Indicator	8.0	12.7	12.4	13.7	
Numerator	168485	277999	278974	314033	
Denominator	2106086	2196937	2249350	2297497	
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	13	13	12	12	11

Notes - 2002

Data for 2002 is not yet available. 2002 data will be provided in the 2005 Block Grant.
For 2001, data is a 3 year moving average from the Current Population Survey of the Census Bureau, because this is more accurate. In previous years we were presenting the current year estimate from the Current Population Survey.

Notes - 2003

The data are estimates from the March 2001-March 2003 Current Population Survey (CPS merged 3 year file) reflecting coverage for calendar years 2000-2002. Data is not available for 2003 at this time as this will be reported from the CPS for 2002-2004 which will be produced in September, 2004.

Notes - 2004

this data is not currently available.

a. Last Year's Accomplishments

Developed school health list serve to encourage school health linkage to insurance for parents with free or reduced lunch applications. Contracted the development of a school health manual and newsletter. (Infrastructure)

Trained 52 professionals as Child Care Health Consultants to promote PeachCare, Medicaid and other public health issues. (Infrastructure)

Expanded the Health Check quality review program. Five site visits were made to private providers in collaboration with the Georgia Chapter of the American Academy of Pediatrics. Completed 14 Health Center QA site visits. (Infrastructure)

Initiated collaboration between Public Health and the American Academy of Family Practitioners. (Infrastructure)

Coordinated "Cover the Uninsured Week" activities for teens throughout Georgia. (Population-Based)

Completed draft of well child team brochure. Brochure submitted to Communications Office. (Enabling)

Co-led two national conferences with Right from the Start Medicaid program on the use of the Child and Adult Care Food Program eligibility form to provide parents with information on Medicaid and PeachCare for Kids. (Enabling)

Trained 35 additional early care and education professionals as Child Care Health Consultants in 2003 to promote PeachCare for Kids, Medicaid, access to services, and other public health issues. (Infrastructure)

Continued contract between DHR and Healthy Mothers/Healthy Babies to utilize the toll-free Powerline number for referrals to Children 1st which will assist in increasing referrals to Medicaid, PeachCare and medical home. (Infrastructure)

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Providing training, technical assistance, and monitoring of GIA annex deliverables related to PeachCare and Medicaid outreach, referral, and administrative case management.				X
2. Continuing collaborations with DFCS and DCH to plan and coordinate "Cover the Uninsured Week" activities for teens throughout Georgia.				X
3. Providing training, technical assistance, and monitoring of GIA annex deliverables related to assuring a medical home for adolescents and their families lacking insurance.				X
4. Continuing coordination efforts with the Medicaid Office, including joint planning of referral and outreach activities for teens throughout Georgia.				X
5. Continuing to assist famiies, during the Children 1st family assessment, in completing necessary forms for enrollment in Medicaid or PeachCare for Kids.		X		
6. Sharing Medicaid and PeachCare for Kids information at community		X		

health fairs, trainings, exhibits, etc.				
7. Training Child Care Consultants to promote Medicaid and PeachCare for Kids services.				X
8.				
9.				
10.				

b. Current Activities

Serving on Healthy Mothers, Healthy Babies Coalition of Georgia (HMHB) advisory group to provide information about health services and available health insurance for Georgia's children. (Enabling)

Serving on the Covering Kids and Families program to address the health needs of the state's uninsured and underinsured population. (Enabling)

Continue to assist families during the Children 1st family assessment process in completing forms for enrollment into Medicaid and PeachCare. (Enabling)

Conduct regional trainings focused on uninsured adolescents (stated deliverable for three GIAs funded by AHYD). (Enabling)

Schedule training/technical assistance teleconferences with individual district teams responsible for outreach to uninsured adolescents. (Infrastructure)

c. Plan for the Coming Year

Continue CMS and HRIFU care coordination efforts to connect all possible clients to insurance resources.

Continue to provide training, technical assistance, and monitoring of grant-in-aid (GIA) annex deliverables related to PeachCare and Medicaid outreach, referral, and case management.

Continue to collaborate with DFCS and DCH to provide outreach and follow-up to children in foster care.

Continue to share Medicaid and PeachCare for Kids information at community health fairs, trainings, exhibits, etc.

Work with Teen Center staff and Parent Advisory Councils to promote community targets (enrollment goals).

Performance Measure 14: *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance	**2000**	**2001**	**2002**	**2003**	**2004**

Data					
Annual Performance Objective	74	75	76	94.5	95
Annual Indicator	74.7	93.9	94.4	81.5	81.8
Numerator	592019	852799	807089	810778	836413
Denominator	792108	908516	854969	994789	1022414
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	82	82	83	83	84

a. Last Year's Accomplishments

Required, through program policies, that Medicaid be used as a payment source for Medicaid eligible children. Supported policy requirements through training and TA. (Population-Based)

Held discussions with all MCH coordinators on increasing the number of Medicaid children found and referred to CSN services. (Enabling)

Convened and led quarterly workgroups that included ICH, DPH, DFACS, AAP, DCH and community members. The group developed a template Flow Sheet, designed an Intake Form for use when child is removed from the home and taken into custody, and designed Health Summary, History and Physical forms for ongoing health care. (Infrastructure)

Collaborated (ICH) with DCH to make presentations at statewide DCH Health Check provider workshop. (Enabling)

Exhibited (ICH) at community health fairs and professional meetings to provide information on the availability of DPH services for children, adolescents, and adults. (Enabling)

Conducted lunch and learn sessions for private health care providers to learn more about Health Check. (Enabling)

Collaborated (ICH) with the Office of Nursing and conducted surveys to determine the need for training on child abuse and neglect. Surveys were administered to the Nursing Leadership and Child Health Coordinators. (Infrastructure)

Collaborated (ICH) with DFACS to develop training on child abuse and neglect. The first two "Child Abuse Recognizing and Reporting" sessions were conducted in March and April 2004, with presenters from DPH, DFACS, and local law enforcement. Participants were local DPH nursing staff. (Infrastructure)

Collaborated (ICH nurse consultants) with BCW and the HIV team to provide physician training to "Address the Impact of Maternal High-Risk Behaviors on Child Development." (Enabling)

Presented Bright Futures module to PH staff in 12 health districts. (Enabling)

Facilitated use of Bright Futures as prevention strategy against domestic violence. (Enabling)

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Collaborating with the Department of Community Health to provide Lunch and Learn sessions with private providers and share information about services available to Medicaid and PeachCare for Kids eligible children.		X		
2. Providing quality assurance site visits to the private sector to assure that Health Check services to children are provided appropriately.				X
3. Collaborating with DCH, DFCS, GA/AAP to assure that children who are in state custody foster care receive appropriate health services through the Medicaid program.				X
4. Continuing across team collaboration to assure that children who are eligible for Medicaid and PeachCare for Kids receive available services, i.e., CMS case management, HRIFU, BCW, Children 1st, AHYD, PRS.				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

During Well Child reviews of clinical operations, obtain information from providers about percentage of Medicaid eligible patients, outreach efforts, informing clients about services, and willingness to accept new clients. Use QA tools to ascertain if provider efforts document identified needs of clients. (Referrals may result from Hearing/Vision/Dental examinations, developmental screens, or from other clinic events that are documented in the history or medical record. (Infrastructure)

Monitoring revised district Grant-in-Aid and contracts deliverables, which assess and track positive changes in health insurance status of children and adolescents. (Infrastructure)

Monitoring progress on health service deliverables now included with monthly financial reports for adolescent programs. (Infrastructure)

Continuing to collaborate with CSN, AHYD, Women's Health and the Nutrition Section to assure that appropriate screens are provided to Medicaid clients. (Population-Based)

Providing technical assistance and training to Health Check private providers upon request. (Population-Based)

Continuing to assist CSN families in assuring access to services through Medicaid. (Enabling)

Continuing to collaborate with Georgia Chapter of American Academy of Pediatrics and the Department of Community Health to assure that Medicaid eligible children receive appropriate services. Activities included continuation of Health Check visits for quality assurance and the provision of education to private pediatricians and family practitioners. (Enabling)

c. Plan for the Coming Year

Continue CMS care coordination efforts to connect clients to Medicaid and PeachCare.

Performance Measure 15: *The percent of very low birth weight infants among all live births.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	1.7	1.7	1.7	1.6	1.6
Annual Indicator	1.8	1.7	1.7	1.8	
Numerator	2346	2309	2305	2387	
Denominator	132286	133468	133285	135831	
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	1.5	1.5	1.5	1.5	1.5

Notes - 2002

data is not available for 2002 as yet. 2002 data will be provided in the 2005 Block Grant.

Notes - 2003

Vital Statistics data for 2003 is not available at this time and will be reported in the 2006 Block Grant.

Notes - 2004

This data is not avaialable as yet.

a. Last Year's Accomplishments

Developed linkages between WIC, parenting programs, and youth development programs. (Infrastructure)

Selected appropriate weight gain during pregnancy, based on data from the Pregnancy Nutrition Surveillance System, as a key Nutrition Section strategy, and included the strategy in the strategic plan for the state. The Nutrition Section is identifying areas of the state that appear to have high numbers of women with inappropriate weight gain and will work with the respective districts to address the high numbers. (Infrastructure)

Promoted the State Dietetic Internship program in order to increase the number of registered dietitians available to work in public health. Also worked with districts to encourage the hiring of adequate numbers of licensed dietitians. (Infrastructure)

Supported use of interconceptional model to help Children 1st mothers who have had a low birth weight baby to prevent having another LBW baby. (Enabling)

Implemented HRIFU program, which provides care coordination/home visiting to high risk infants. (Enabling)

Presented two workshops on transcultural issues in perinatal health that included information on factors contributing to low birth weight births among African-Americans and other cultures. (Enabling)

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Conducting statewide perinatal center training in 13 of 18 public health districts.				X
2. Continuing Council on Maternal and Infant Health participation in regional perinatal center activities.				X
3. Conducting needs assessment addressing the impact of violence on pregnancy.				X
4. Continuing to provide perinatal case management training focused on providing more services and referrals in less time.				X
5. Continuing to promote interconceptional periods of at least 1 1/2 to 2 years.	X			
6. Continuing work with Tobacco Section on tobacco use prevention and cessation for maternal clients.				X
7. Collaborating with March of Dimes for premature clients, working with community and private providers.				X
8. Working with regional tertiary hospitals to improve communication in the community.				X
9. Continuing to collaborate with WIC on activities to improve communication with clients receiving services from Women's Health and WIC.				X
10.				

b. Current Activities

Disseminated National Folic Acid Awareness Week campaign information and materials to Women's Health and Nutrition Services Directors for distribution to clients and WIC participants. (Enabling)

Continuing to offer PCM services to all pregnant Medicaid recipients to ensure timely access to prenatal care and appropriate referral of psychosocial and socioeconomic needs. Pregnant women are also referred for early prenatal care and WIC. (Direct Medical Care)

Provided six one-day HRIFU trainings statewide on clinical care of low birthweight and high-risk infants and their families for all programs serving infants and their families. (Infrastructure)

Provided each HRIFU Coordinator with county level data, for each county in their health district, on the number and rate of low and very low birth weight babies, by maternal age, race, and

ethnicity. (Population-Based)

Met with Northside Hospital Nursery staff to discuss CSN programs and referrals through Children 1st. (Infrastructure)

c. Plan for the Coming Year

Develop strategies to monitor outcomes for families and infants served in HRIFU.

Promote good interconceptional health practices through relationships with medical organizations.

Work with OB/GYN Society and March of Dimes to assess practitioners' knowledge of tertiary system.

Promote awareness of good maternal health practices through MCH Awareness Campaign and Women's Right to Know Act website and materials.

Convene a workgroup (stakeholders, etc.) to assess the state's perinatal system.

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	8.2	8.1	8	7.9	7.8
Annual Indicator	7.0	8.7	5.9	8.2	
Numerator	42	52	36	50	
Denominator	596277	599371	605348	613277	
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	7.7	7.7	7.6	7.6	7.6

Notes - 2002

Data are not available for 2002 as yet. 2002 data will be reported in the 2005 block grant. The denominator for 2001 is the same as the Census 2000 population since the Census Bureau has not produced estimates for 2001 or 2002.

Notes - 2003

Vital Statistics data for 2003 is not available at this time and will be reported in the 2006 Block Grant.

Notes - 2004

These data are not currently available.

a. Last Year's Accomplishments

Worked with Mental Health/Developmental Disabilities/Addictive Diseases (MHDDAD) and other DPH programs to compile statewide listing of suicide related prevention programs. (Infrastructure)

Disseminated and presented on use of Bright Futures Mental Health Guidelines during four regional workshops on child health. Identified expert in behavioral health to provide TA and training. (Infrastructure)

Implemented preventive programs and activities in teen centers and community involvement and male involvement programs, aimed at increasing self-esteem, increasing community involvement, and facilitating adult-child communications and mentoring. (Enabling)

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Providing training, technical assistance, and monitoring of district activities and progress related to suicide prevention plans and objectives.				X
2. Continuing collaborations with the Division of Mental Health, Developmental Disabilities, and Addictive Diseases (MHDDAD), Office of Injury Prevention, Aging, and other agency staff in the development of a state suicide prevention plan that includes				X
3. Continuing the development of MCH/FHB referral, intake, and assessment processes to identify adolescents "at risk" and to assure timely receipt of appropriate mental health resources.				X
4. Continuing to develop outcome and contract requirements, performance expectations/indicators, and policies and procedures for contracts and GIA annexes related to adolescent mental health and wellness.				X
5. Continuing funding and implementation of youth development programs and activities that provide adult supervised activities, caring adult mentors, and peer educators for targeted youth.			X	
6. Providing training and technical assistance to the Georgia Association of School Nurses and other school health professionals to provide training and technical assistance related to suicide prevention.				X
7.				
8.				
9.				
10.				

b. Current Activities

Developing statewide directory of mental health resources. (Enabling)

Monitored Grant-in-Aid deliverable activities related to adolescent mental health and wellness.

(Infrastructure)

c. Plan for the Coming Year

Continue development of MCH/FHB referral, intake, and assessment processes to identify adolescents "at risk" and to assure timely receipt of appropriate mental health resources.

Continue implementation of youth development programs and activities that provide best practice approaches for addressing adolescent mental health and wellness, including adult supervised activities, caring adult mentors, and peer educators.

Implement parent education program through each Teen Center with at least one program focused on communication skills.

Disseminate statewide Mental Health directory of mental health providers who serve children and adolescents.

Continue collaboration with MHDDAD on proposal that was submitted for Garrett Lee Smith funding through SAMHSA.

Incorporate suicide prevention messages in FHB health promotion work with school-age children and their families.

Work with school nurses and medical associations, such as the Georgia Chapter of the American Academy of Pediatrics, American College of Obstetrics and Gynecology, and Academy of Family Practitioners, to facilitate their participate in suicide prevention efforts.

Share suicide prevention messages and strategies with the Department of Juvenile Justice, faith-based community, and Statewide Partnership for Youth Investment.

Performance Measure 17: *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2000**	**2001**	**2002**	**2003**	**2004**
Annual Performance Objective	73.5	74	74.5	75	75.5
Annual Indicator	75.5	76.8	75.2	75.7	
Numerator	1772	1774	1733	1807	
Denominator	2346	2309	2305	2387	
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**

Annual Performance Objective	76	76.5	77	77.5	78

Notes - 2004

These data are not yet available.

a. Last Year's Accomplishments

Convened conference on "Transport Issues" at Emory Conference Center to inform private physicians on services at the regional perinatal centers and improve hospital communication in the community. (Enabling)

Selected by AMCHP, as one of five states, for the Action Learning Lab on Perinatal Disparities. A travel team consisting of seven individuals and a home team consisting of 30+ individuals have developed strategies to address racial disparities statewide. (Infrastructure)

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Conducting annual performance audits at each regional center.				X
2. Working on outreach education plans at all regional perinatal centers.				X
3. Focusing on perinatal case management (PCM) training on pre-term delivery prevention.				X
4. Continuing to work with the OB/GYN Society on increasing the number of very low birthweight infants delivered at facilities for high-risk deliveries and neonates.				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Continuing to provide high-risk maternal care to Georgia residents through the Regional Perinatal System. (Direct Medical Care)

Continuing to provide PMC training participants with Regional Perinatal System information to educate providers and consumers about the availability and benefits of these services. (Enabling)

Continuing to provide education to basic and specialty hospitals on management of high-risk pregnancies and the prevention of preterm delivery. (Enabling)

c. Plan for the Coming Year

Educate women with high-risk pregnancies through community collaborations, with public and

private nursing staff providing PCM/PRS participants with information about the availability of care in the state's Regional Perinatal Centers.

Continue to target racial and ethnic disparities among pregnant women through inclusion of research-based interventions in the PCM training curriculum.

Continue to support the Perinatal Health Partners Program, which has expanded from five to ten counties in the Waycross Health District.

Promote use of tertiary system through OB/GYN liaison.

Promote good pre and interconceptional health through MCH Awareness Campaign and Women's Right to Know Act website and materials.

Performance Measure 18: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	85	85.3	85.5	85.8	86
Annual Indicator	83.1	82.4	83.3	83.1	
Numerator	109965	109966	110974	112893	
Denominator	132286	133468	133285	135831	
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	86.3	86.5	86.8	87	87.2

Notes - 2002

Data are not available for 2002 as yet. 2002 data will be provided in the 2005 Block Grant.

Notes - 2004

These data are not available as yet.

a. Last Year's Accomplishments

Utilized CDC's Pregnancy Surveillance System, updated districts on WIC early entrance levels. (Enabling)

Partnered with Georgia Chapter of AAP to educate physicians on MCH and WIC Issues. (Infrastructure)

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continuing to provide referrals to private OB providers, WIC and Medicaid for all clients enrolled in PCM.			X	
2. Providing Family Planning staff with opportunities to attend PCM training to learn about the importance of early entry into prenatal care.				X
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Through partnership with Georgia Chapter of AAP, educating physicians across state on MCH and WIC issues. (Infrastructure)

Encouraging women seen in Family Planning clinics to seek prenatal care as early as possible after they know they are pregnant. (Enabling)

Utilizing Resource Mothers to identify women in their first trimester care and to link them to prenatal care and other needed services. (Enabling)

Continuing to encourage early entry into the WIC Program. (Enabling)

Continuing to address through case management outreach. (Direct Medical Care)

Continuing to recruit women through distribution of home pregnancy tests through the Resource Mothers program. (Direct Medical Care)

Continuing to refer all PMC clients for entry into prenatal care and conduct follow up to ensure clients are keeping their appointments. (Population-Based)

c. Plan for the Coming Year

Continue to offer PCM to public and private providers.

Encourage PCM providers to involve private physicians in the plan of care.

Encourage PCM providers to conduct marketing activities to private OB providers in an effort to encourage them to refer women to PCM/PRS programs.

Provide Teen Center staff the opportunity to attend PCM orientation training.

Promote importance of early prenatal care through Women's Right to Know Act website and materials and MCH Awareness Campaign.

D. STATE PERFORMANCE MEASURES

State Performance Measure 1: *Degree to which the Georgia Perinatal System has been enhanced to provide a continuum of coordinated services from pre-conceptional to interconceptional care.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	10	12	15	17	18
Annual Indicator	8	12	14	14	14
Numerator	8	12	14	14	14
Denominator	18	18	18	18	18
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	18	18	18	18	18

a. Last Year's Accomplishments

Through FHB, focused on neural tube defects (NTD), collaborating with MCH Epi and March of Dimes on birth defects surveillance. (Infrastructure)

Implemented HRIFU services to high risk infants, complementing services provided by PRS to typical infants. (Population-Based)

Presented information on all CSN programs at meeting of Regional Perinatal Directors in April 2004. (Enabling)

Integrated six regional perinatal plans into statewide Perinatal framework strategies that include ICH and CSN. (Infrastructure)

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Developing statewide perinatal framework.				X
2. Conducting ongoing review of perinatal emergency transportation system.				X

3. Through AMCHP project, developing communications plan to increase awareness of Georgia citizens about factors that improve perinatal outcomes.		**X**		
4. Working with State Office Regional Perinatal Center (RPC) and RPC Directors to coordinate follow up services to families with high risk infants.				**X**
5. Working with professional organizations, private institutions and providers to increase their knowledge of public health services available to women and children.		**X**		
6. Developing collaborative relationships between the public health system and private providers and consumers.				**X**
7.				
8.				
9.				
10.				

b. Current Activities

Surveyed HRIFU coordinators to identify collaborative activities with Regional Perinatal Centers in their districts. (Infrastructure)

Continue to provide risk appropriate care through TA, training, collaboration and guidelines. (Infrastructure)

Continue to conduct NTD training. (Infrastructure)

Continue use of guidelines in tertiary centers as well as in training conducted by outreach educators with other hospitals and community partners. (Enabling)

Developed Regional Perinatal Center Plan with the five strategies for improvement identified by perinatal stakeholders. (Infrastructure)

Consultant analyzed all past plans and national best practices. (Infrastructure)

c. Plan for the Coming Year

Not applicable. Georgia has selected ten new state performance measures.

State Performance Measure 2: *Implementation of a comprehensive approach addressing maternal substance abuse.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	10	10	11	11	11
Annual Indicator	6	10	10	10	10

Numerator	6	10	10	10	10
Denominator	12	12	12	12	12
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	11	12	12	12	12

a. Last Year's Accomplishments

Included questions on substance abuse in MCH Integrated Assessment forms so that appropriate referrals can be made by MCH staff. (Infrastructure)

Assured continuation of youth programs including Resource Mothers and Fathers to address prevention. (Infrastructure)

Worked with rape crisis centers to implement sexual assault prevention program for schools, based on state legislation. Trained school personnel and public safety officials, other members of the community on sexual assault. (Enabling)

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Developing maternal substance abuse prevention framework in collaboration with DHR, DCH, MHDDAD, as well as local CBOs.				**X**
2. Include substance use/abuse in client assessment conducted by Family Planning.	**X**			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

In collaboration with the Maternal Substance Abuse workgroup, producing an issue paper on the harmful effects of substance abuse during pregnancy to the mother and fetus. (Infrastructure)

Continuing development of the Branch maternal substance abuse prevention plan, guided by a stakeholders group. Draft plan is in the review phase. (Infrastructure)

Collaborating with the Georgia Fetal Alcohol Syndrome Task Force to increase public awareness about drinking during pregnancy through health education and public awareness

activities. (Enabling)

Built Fetal Alcohol Syndrome into MCH Awareness Campaign. (Enabling)

Providing smoking cessation counseling to teens and pregnant and parenting clients receiving services at local health departments in collaboration with Tobacco Use Prevention Program and WIC. (Population-Based)

Continuing to emphasize risk of maternal substance abuse in the Georgia Back to Sleep campaign to reduce the risk of SIDS. (Population-Based)

Conducting alcohol, tobacco and other drug prevention awareness activities throughout the 18 health districts in collaboration with community partners. (Enabling)

c. Plan for the Coming Year

Not applicable. Georgia has selected ten new state performance measures.

State Performance Measure 3: *Degree to which the State addresses prevention of tobacco, alcohol, and other substance abuse by children and adolescents.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	8	7	11	12	13
Annual Indicator	10	10	10	10	10
Numerator	10	10	10	10	10
Denominator	15	15	15	15	15
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	14	15	15	15	15

a. Last Year's Accomplishments

Incorporated current "best practices" recommendations regarding safe behaviors and healthy lifestyles into AHYD educational materials and activities. (Infrastructure)

Collaborated with the Tobacco Use Prevention Program and MHDDAD regarding state and community prevention activities. (Infrastructure)

Disseminated information on district and statewide service statistics related to maternal substance abuse screening, counseling and/or prevention education. (Infrastructure)

Incorporated tobacco use on the developmental questionnaire, used for ages 6 to 21 years, during Health Check screens. (Enabling)

Provided training for youth and train-the-trainers around tobacco use prevention, advocacy, peer education, and media relations. (Enabling)

Supported community events with local celebrities focused on empowering youth and educating them about nicotine addiction. (Enabling)

Provided a "How To" training, technical assistance and resource materials on "Adolescent Alcohol, Tobacco and Other Drug Prevention, Education and Intervention" for DPH, FHB, and AHYD state staff, district implementation teams, and community involvement and male involvement contractors. (Infrastructure)

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Providing statewide coverage for training and consultation, through teen centers, related to adolescence substance abuse screening, counseling, and prevention education.				X
2. Providing training, TA, and monitoring of contracts and Grants-in-AID (GIA), both of which include deliverables addressing community and parent education/collaboration, outreach and youth development to promote adolescent substance abuse prevention.				X
3. Continuing implementation of Oral Health and Men's Health programs and activities in districts to provide education on spit tobacco use prevention.			X	
4. Working with DHR Office of Tobacco Use Prevention to promote state and district initiatives for adolescent substance abuse prevention.				X
5. Working with Resource Mothers and ICh to address high-risk behaviors, including exposure to second-hand smoke and tobacco, alcohol, and other drug use by sexually active, pregnant and parenting teens.				X
6. Working with ICH and the Office of Tobacco Use Prevention to identify age and culturally appropriate strategies and incorporate “best practices” regarding safe behaviors and healthy lifestyles into AHYD educational materials and activities.				X
7. Disseminating information on district and statewide service statistics related to substance abuse screening, counseling and prevention education services to support district and state planning efforts.				X
8. Continuing school nurse participation in Georgia’s Initiative to Fight Tobacco (GIFT) project.			X	
9. Collaborating with the Office of Chronic Disease to implement Youth Risk Behavioral Survey and Tobacco Use Prevention Survey.				X
10. Collaborating with the Georgia Department of Education, Safe & Drug Free Schools and Communities program to provide resource materials, training, and technical assistance to school staff.			X	

b. Current Activities

Implemented new AHYD activity report form in teen centers, documenting adolescent substance abuse screening, counseling and prevention education. (Infrastructure)

Developing AHYD Teen Model program performance standards and measures related to screening, prevention approaches, referral and administrative tracking of referrals. Policy manual will include resource materials. (Infrastructure)

Continuing to collaborate with key partners, including DPH's Tobacco Use Prevention and Office of Injury Prevention, and Division of MHDDAD at state and district levels. (Infrastructure)

Providing technical assistance to school nurses regarding tobacco cessation activities in collaboration with Tobacco Use Coordinator. (Infrastructure)

Developing a toolkit CD for the faith community, "Empowering Congregations as a Resource for AHYD," that contains tobacco and drug information. (Enabling)

Developed list of mental health providers willing to serve children and adolescents. (Enabling)

c. Plan for the Coming Year

Not applicable. Georgia has selected ten new state performance measures.

State Performance Measure 4: *Degree to which health districts have established integrated MCH plans.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	15	17	18	18	22
Annual Indicator	9	9	9	9	9
Numerator	9	9	9	9	9
Denominator	24	24	24	24	24
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	23	23	24	24	24

a. Last Year's Accomplishments

Provided guidance to district leadership to encourage collaboration and coordination across population-based services. (Infrastructure)

Developed MCH Common Intake and Assessment forms. (Infrastructure)

Participated (Youth Development Coordinators) as champions or members of Georgia's Comprehensive Youth Development System regional strategic planning groups. (Infrastructure)

Formulated prevention activities based on results of Violence Against Women needs assessment that addresses the impact of violence against pregnant and non-pregnant women. (Infrastructure)

Collaborated with Data and PPE Sections to build a data bank of federal, state, local and program related statistics. (Infrastructure)

Developed and piloted integrated site visit as way to review and demonstrate systems approach. (Infrastructure)

Assessed the effectiveness of AHYD's framework for district level "population-based" planning and evaluation. Developed a step-by-step toolkit for district use that incorporates the FHB evaluation framework and tools for logic model development. Portions of the framework will be implemented during the Georgia Teen Center Model pilot test. (Infrastructure)

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Establishing monitoring plan and pilot for integrated MCH intake and referral form.				X
2. Providing technical assistance to Regional Perinatal process.				X
3. Monitoring GIA and contract reporting forms to assess the effectiveness of physical activity and nutrition promotion activities.				X
4. Providing technical assistance to health districts in the development of 2006-2008 district nutrition plans.				X
5. Participating in Georgia’s Comprehensive Youth Development System regional strategic planning groups.				X
6. Building data bank of federal, state, local and program related statistics to assist districts and state level programs.				X
7. Using FHB integrated assessment process to promote identification and utilization of family and community resources at local level.				X
8. Continuing to encourage Children 1st as single point of entry to access services for children (0-5) at risk of poor health and developmental outcomes.				X
9.				
10.				

b. Current Activities

Implementing integrated assessment process in four district pilot sites. Three sites have provided feedback to the state office via surveys and conference telephone calls. Recommendations on use of integrated assessment forms will be made after the final pilot site has reported. (Infrastructure)

As of October 2004, all children birth to age 3 with substantiated cases of abuse and neglect are referred by DFCS to Part C -- early intervention. As Children 1st is the single point of entry for children under age 5 to public health services, DFCS is now referring these children to Children 1st for referral to early intervention. (Population-based)

Collaborating across FHB sections and teams, Injury Section, and other state and FHB units and district implementation teams to plan and implement effective strategies for promoting healthier lifestyles, safe behaviors, and preventing unintentional injuries and deaths to motor vehicle crashes. (Infrastructure)

Promoting MCH planning through combined coordinator meetings. (Infrastructure)

Continuing to implement planning for MCH programs across population teams and sections. (Infrastructure)

Supporting district staff integration of FHB programs and activities. (Infrastructure)

Continuing PPE technical assistance to regional perinatal planning process. (Infrastructure)

c. Plan for the Coming Year

Not applicable. Georgia has selected ten new state performance measures.

State Performance Measure 5: *The degree to which risk positive children, birth to age four, are linked to a primary health care provider, referred to one or more community services, and referred to appropriate public health programs.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	250	270	270	275	280
Annual Indicator	298	256	282	271	282
Numerator	298	256	282	271	282
Denominator	300	300	300	300	300
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	280	285	290	295	295

Notes - 2003

For FY 03 the measure is now calculated in the following manner: 1) Number of children identified out of 30% of the live births 2) Number of children assessed out of the number of

children identified 3) Number of children referred to a primary health care provider out of number of children assessed.

a. Last Year's Accomplishments

Conducted bid and awarded a contract for a two day Home Visiting training for cross-programs and cross-disciplines. (Infrastructure)

Held quarterly in-service training on outreach and referral for Children 1st and Child Health Coordinators. Four regional trainings held on use of Bright Futures anticipatory guidance as well as updates on child health programs. (Infrastructure)

Identified an alternative (ASQ) to Denver Developmental training. Held Train-the Trainer session for district and state staff. (Infrastructure)

Convened state workgroup to develop plan to address the social and emotional development of children. Plan includes training public health and child care health staff in early brain development, child development, social and emotional development, effects of pre and post natal depression, and impact of abuse, neglect and substance abuse on social and emotional development of young children. Work group had representatives from DFACS, MHDDAD, and other organizations. (Infrastructure)

Completed social and emotional development of young children district pilots. (Infrastructure)

Established AAP pilot sites to promote Children 1st, WIC, and other FHB programs to private pediatricians. (Infrastructure)

Updated child forms to include Bright Futures anticipatory guidelines. Forms have been approved and sent to all public health centers. Bright Futures kits sent to all district health directors, clinical coordinators and health centers. Child Health regional workshops held in Macon, Athens, Albany and Savannah to introduce Bright Futures to public health staff. Nearly 500 participants attended regional workshops. (Infrastructure)

Conducted vision and hearing screening trainings in Statesboro, Milledgeville, Hamilton, Summerville, Waycross, Americus, Lawrenceville, Wrens, Homer, Tifton, Cuthbert, and Albany. (Infrastructure)

Continued to implement Children 1st using state and federal Medicaid funds. (Infrastructure)

Signed Memorandum of Understanding with health departments for High Risk Infant Follow Up. Developed policy manual and implemented Medicaid funding. (Infrastructure)

Worked with statewide committee to modify the Children 1st Screening and Referral form to include birth to 21 years of age. (Infrastructure)

Provided training to DFACS shelter and Department of Juvenile Justice (DJJ) staff regarding Public Health resources for at risk youth. (Enabling)

Revised Vision, Hearing, Nutrition Guidelines through the DHR review process. (Infrastructure)

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB

1. Continuing to refer children at risk for poor health and developmental outcomes and their families to appropriate public health and community programs through the Children 1st process.			X	
2. Continuing to assure that children at risk have or are linked to a primary health care provider for health care monitoring, through the Children 1st process.			X	
3. Providing training on social and emotional development for young children.			X	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Through Georgia Chapter of the AAP, continue to enhance linkages between public health and private pediatricians to promote Children 1st, BCW, WIC, Health Check and other public health programs; conduct teleconference and pre-conference for private pediatrics on the importance of developmental screening during regular physician visits; encourage use of developmental screening tools with private providers to identify young children with development issues; .). Links with Family Practice physicians also continued. Public health presentations and materials were developed to promote public health referrals and links. (Enabling, Population-Based, and Infrastructure)

Promoting use of Children 1st screening and referral form to public and private providers as a mechanism for referring children at risk into a single point of entry system. (Infrastructure)

Promoted Children 1st as single point of entry to DHR Board Public Health Subcommittee, community organizations, and private health care providers. (Population-Based)

Linking at risk infants and children to prevention-based services through the Children 1st process. During FY 2004, 21,173 infants and children linked. (Population-Based)

Linking children enrolled in Children 1st to a primary health care provider. In FY 2004, 93% of enrolled were linked. (Population-Based)

Provided training on "Social and Emotional Development in Young Children" to over 400 staff in child serving agencies, including DPH, DFCS, DMHDDAD, Early Interventionists, Behavioral Health Specialists, and Child Care Inclusion Specialists. (Enabling)

Conducted statewide Home Visiting Training for public health staff who provide in-home services. (Infrastructure)

Provided statewide training to DPH, DFCS, MHDDAD and other state child-serving agencies that provide services to children birth to age 5 on social and emotional development in young children. (Infrastructure)

Partnered with DFCS in development of referral system for children with substantiated cases of abuse and neglect and/or those in foster care to be referred to public heath through Children 1st. (Population-Based)

Referring HRIFU families to other special needs programs and other public and private agencies as appropriate. (Population-Based)

Providing technical assistance to state, district and community staff regarding functions of Children 1st and other integrated public health programs. (Infrastructure)

Continuing to refer all clients seen in Pregnancy Related Services program to WIC, Health Check, Immunizations, Metabolic Screening (as needed), and primary care physicians. (Population-Based)

Participating at PCM, PRS provider, tertiary care center, and regional prenatal planner level in the dissemination of risk reduction information (i.e., best practice sleep safety) and provision of appropriate referrals. (Enabling)

Contracting with additional physician organizations to promote Children 1st. (Enabling)

c. Plan for the Coming Year

Not applicable. Georgia has selected ten new state performance measures.

State Performance Measure 6: *Degree to which state and local public health agencies are actively involved in the statewide child fatality review process.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	8	9	12	15	15
Annual Indicator	8	10	14	13	13
Numerator	8	10	14	13	13
Denominator	21	21	21	21	21
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	16	16	17	17	18

a. Last Year's Accomplishments

Provided EMS personnel with training to increase knowledge of significant information related to death scenes and to improve the quality of data provided on the EMS trip report. Training provided by SIDS Alliance contract. (Infrastructure)
Assured public health staff that encounter families that have experienced loss of child (i.e., EMS/ER staff, Children 1st, BCW, etc.) have skills to address grief processes. (Infrastructure)

Revised and printed new Child Fatality cue cards for first responders. (Infrastructure)

Assured local public health staffs that encounter families that have experienced the loss of a child (e.g., local public health nurses, hospital nursing staff, neonatology professionals, perinatal educators, and members of task forces on safe sleep and breastfeeding) have skills to address grief processes. Training was provided by SIDS Alliance contract. (Enabling)

Updated (SIDS Alliance staff) training on infant death investigation for potential utilization in educating death scene investigators and coroners in identifying SIDS and managing family grief and support referral. (Enabling)

Disseminated materials concerning SIDS and how to refer families for bereavement support to all county coroners in Georgia. (Enabling)

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continuing SIDS Project's active involvement in educating death scene investigators and coroners in identifying SIDS and managing family grief and support referral.		X		
2. Continuing SIDS Project's communication with the Child Fatality Review Board on potential project collaborations and training opportunities.				X
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Collaborating with the Child Fatality Review Board to increase SIDS awareness among First Responders and improve crime scene investigation procedures and reporting. (Infrastructure)

Contracted with the First Candle/Sudden Infant Death Syndrome program to pilot a SIDS and Other Infant Deaths (OID) reduction program in an African American community with highest incidence of SIDS and other infant deaths to reduce infant mortality and morbidity due to SIDS and OID through risk reduction education and bereavement support to families who experience loss of an infant. (Enabling)

Continuing to train county and district public health nurses, social workers, and/or other appropriate staff to provide initial grief support and referral to on-going support resources. Training provided through SIDS Alliance contract. (Infrastructure)

Encouraging perinatal staff who conduct PRS visits to use Bright Futures as guidelines for social and emotional development of infants. (Enabling)

Providing public and private providers of PRS services with resources that target infant development and safety. (Enabling)

c. Plan for the Coming Year

Not applicable. Georgia has selected ten new state performance measures.

State Performance Measure 7: *Degree to which age-appropriate parenting and/or child development information for children grades K-5 is made available to families, schools, caregivers, and providers through a statewide system of collaboration and linkages.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	4	5	8	8	8
Annual Indicator	3	6	6	6	6
Numerator	3	6	6	6	6
Denominator	12	12	12	12	12
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	12	12	12	12	12

a. Last Year's Accomplishments

Participated (BCW) with Department of Education in transition planning from Part B to Part C and in developing materials to assist parents with this process. (Infrastructure)

Added video materials to Parenting Resource Library to enhance resources available for DFCS foster care staff. (Infrastructure)

Held discussions with Healthy Mothers, Healthy Babies' PowerLine (MCH hotline) staff about dissemination of resource information on parenting and parenting services. (Infrastructure)

Reviewed and disseminated Bright Futures mental health assessment tools. (Infrastructure)

Redrafted vision rules and regulations in collaboration with the Departments of Education and Community Health. (Infrastructure)

Planned, coordinated and implemented education and training for district personnel and others regarding main risks of infant and child death. Training included two in-services for Healthy

Start Initiative and Special Unit of Investigation/ DFCS investigators. (Enabling)

Shared information through Parent-to Parent conference, attended by approximately 150 providers and families with children birth to age 8. Sessions on Family Issues/Parenting presented at annual Georgia Association for Young Children (GAYC) conference. (Population-Based)

Held Healthy Child Care Georgia (HCCG) training for childcare health consultants and child care providers. (Enabling)

Made parenting library resources available to state and local health agencies. (Enabling)

Modified Healthy Child Care Georgia's Child Care Health Consultant training module on promoting positive social-emotional development of young children to include information on brain development, age-appropriate developmental expectations, and child behavior issues. Professionals from Child Care Resource and Referral agencies, Cooperative Extension Service, private trainers and technical assistance providers, Head Start, and home visiting and center-based staff from the Georgia SPARK Initiative participated. Training modified for presentation to childcare providers. (Enabling)

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continuing to make parent related resources (videos, books, pamphlets, etc.) available to health agencies through the FHB Parenting Resource Center.		X		
2. Offering Bright Futures and developmental training materials (ASQ and Denver II) to health care providers in the public and private sectors.		X		
3. During Health Check record reviews, ensuring assessment is made to assure that appropriate anticipatory and child development information is given to parents/caregivers.				X
4. Training Child Care Health Consultants and child care providers on promoting positive social-emotional development of young children to include information on brain development, age-appropriate developmental expectations, and child behavior issues.				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Completed 3-year initiative to improve children's health and development in Georgia's childcare settings. Initial activities focused on integration of state and local public and private organizations; health, social service, and education approaches to meet Healthy Child Care

America (HCCA) goals. HCC-Georgia activities are being integrated into state's MCH system of services through state's ECCS initiative. (Infrastructure)

Trained approximately 160 CCHCs during 3-year initiative to improve children's health and development in Georgia's child care settings. (Enabling)

Distributed parent library offerings list during Georgia Association of Young Children (GAYC) conference. (Enabling)

Provided Bright Futures, ASQ and Denver II training to health districts and at GAYC conference. (Enabling)

Presenting parenting and child development as integral components of Bright Futures anticipatory guidance training provided to public health nurses statewide. (Enabling)

Collaborated with Better Brains for Babies, DECAL, and Family Connections in development of parent brochure that incorporates Bright Futures Guidelines for Infants, Children, and Adolescents as well as scientific evidence on brain development. Brochure information is also appropriate for child care specialists and educators. (Infrastructure)

Dispensing BF Family Tip Sheets during well child visits at county health department clinics. (Enabling)

Participated on Parenting Education subcommittee of Georgia ECCS project. (Infrastructure)

Providing infant growth and development information to all clients receiving services through PRS. Infants identified as high risk are referred to Children 1st for assessment. (Enabling)

Referring all high-risk babies discharged from Regional Perinatal Centers for developmental follow up care. (Enabling)

Continuing CSN participation/co-sponsorship of annual conferences that include content on and/or parent speakers regarding GAYC and Parent Conferences for parents of CSN. (Infrastructure)

Continuing expansion of resource materials in CSN Library at University of Georgia and FHB parenting library. (Infrastructure)

Continuing FHB work with Georgia Child Care Council and Inclusion Specialists, DOE and Georgia TEAMS. (Infrastructure)

Providing on-going parent educator support to families. (Enabling)

Promoting child development and parenting through Bright Futures training. (Enabling)

Providing parenting assistance, as part of federally mandated service entitled "Family Training," as it relates to child's disability. BCW interventions focus on guiding/teaching parents how to effectively participate and intervene with child to enhance child's growth and development. (Enabling)

Conducting ongoing parenting classes in Resources Mothers programs. (Enabling)

Developed tip sheets for families regarding Internet safety and posted them to the web. (Enabling)

Promoted standardized developmental screening in collaboration with physician organizations and DCH. (Infrastructure)

c. Plan for the Coming Year

Not applicable. Georgia has selected ten new state performance measures.

State Performance Measure 8: *Percentage of children enrolled in the CSHCN Program receiving comprehensive case management services.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	30%	40	45	83	84
Annual Indicator	35.0	42.3	83.5	91.0	98.3
Numerator	7000	7254	11385	10442	3913
Denominator	20000	17163	13632	11480	3980
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	85	86	87	88	89

Notes - 2002

Data is not available for 2002 as yet. 2002 data will be provided in the 2005 block grant.

Notes - 2003

For FY 03 this measure now includes data from the High Risk Infant Follow Up Program and the Childrens Medical Services Program. Data has been averaged for Quarters 2 and 3 for the HRIFU program and 2nd quarter data is used as the basis for estimating this number for the CMS program. Starting August 2004, estimates will be based on a randomly selected set of client records for CMS.

a. Last Year's Accomplishments

Received approval for DCH/Medicaid reimbursement for CMS care coordination and completed statewide training. (Infrastructure)

Planned and held two-day workshop on cultural competency conducted by the National Center for Cultural Competence. (Infrastructure)

Conducted on-site monitoring visits (January -- May 2004) to determine a baseline for formal monitoring visits (beginning August 2004) and provided technical assistance and training as needed. (Infrastructure)

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continuing strategic planning sessions regarding role and functions of BCW service coordination.				X
2. Providing care coordination technical assistance to CMS care coordinators.				X
3. Monitoring the percentage of CSN clients receiving care coordination.				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Providing care coordination technical assistance to CMS care coordinators. (Infrastructure)

Monitoring the percentage of CMS clients receiving care coordination. Districts report that approximately 90 percent of clients are receiving care coordination (confirmed by onsite QA visits). (Infrastructure)

Providing case management (service coordination) services for approximately 95% of CSHCN. (Direct Medical Care)

Providing case management (service coordination) services to 100% of children enrolled in BCW, and increased numbers of children in CMS receiving comprehensive case management. (Enabling)

c. Plan for the Coming Year

Not applicable. Georgia has selected ten new state performance measures.

State Performance Measure 9: *Percent of Georgia counties with an active "SAFE Kids" type broad-based injury prevention coalition.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance	52.8%	55.5%	58	61.0%	64.0%

Objective					
Annual Indicator	56.0	61.0	63.5	35.8	47.8
Numerator	89	97	101	57	76
Denominator	159	159	159	159	159
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	69	69	71	72	73

Notes - 2003

Other suplemental funding sources did not support coalition building for FFY03, but has been restored for FFY04.

a. Last Year's Accomplishments

Trained 50+ health care providers on health and safety standards and on FHB programs and resources. (Infrastructure)

Designed new logo for infant safety campaign. (Population-Based)

Designed and produced injury prevention incentive item to accompany Infant Safety Campaign. Identified recipients for incentive items.(Population-Based)

Purchased car seats and Broselow Pediatric Resuscitation Systems in collaboration with Emergency Medical Services and Injury Prevention Offices. (Enabling)

Collaborated with Safe Kids and Child Advocate on car safety and safe sleep campaign. Promoted collaboration between Safe Kids and Public Health in campaigns. (Population-Based)

Collaborated with Safe Kids and local public health professionals in disseminating information concerning preventing injuries to children left unattended in vehicles. Information later adapted for public media utilization and wider dissemination. (Population-Based)

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Serving on Safe Kids Advisory Board to provide input into training and policy issues.				**X**
2. Continuing to explore opportunities to combine resources to ensure availability of injury prevention education materials and devices.		**X**		
3. Continuing collaborations with the DPH Office of Injury Prevention to promote Safe Kids throughout the 18 health districts.			**X**	
4. Disseminating culturally and age appropriate Safe Kids promotional information, materials and resources to FHB staff and contractors.			**X**	
5.				

6.				
7.				
8.				
9.				
10.				

b. Current Activities

Working with SAFE Kids coalitions throughout the State. (Population-based)

Continuing to train childcare providers on health and safety standards and FHB programs and resources. (Infrastructure)

Provided staff to enhance Safe Kids infrastructure in several sites. (Infrastructure)

c. Plan for the Coming Year

Not applicable. Georgia has selected ten new state performance measures.

State Performance Measure 10: *Asthma-related hospitalizations among children ages 1-19.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	151	150	150	149	149
Annual Indicator	138.4	146.1	159.0	156.0	NaN
Numerator	3174	3422	3778	3752	0
Denominator	2293778	2341974	2376748	2404685	0
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	148	148	148	148	148

Notes - 2004

These data are not yet available.

a. Last Year's Accomplishments

Implemented collection of data on number of CMS clients diagnosed with asthma. In first year of data collection, 8% (991) of CMS clients enrolled have asthma. (Infrastructure)

Included asthma in training for Child Care Health consultants and trained asthma case managers. (Infrastructure)

Contracted with Glynn County Board of Health for asthma case management. Asthma case management in schools continues. Community forums successfully held. Asthma 101 resource guide developed. (Infrastructure and Population-Based)

Contracted with Hughes Spalding Hospital in Atlanta to continue asthma program in three schools in Fulton County. (Infrastructure)

Collaborated with Georgia State University in completion of Asthma 101 resource guide. (Infrastructure)

Participated in ZAP Asthma health fair targeting African American children. (Population-Based)

Held community forums. (Population-Based)

Provided input in the development of an Asthma Case Management Training Manual for public health nurses. (Infrastructure)

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continuing collaboration between CSN and ICH regarding asthma grants and initiatives.				X
2. Monitoring enrollment of clients with asthma quarterly.			X	
3. Providing health district staff with technical assistance on current asthma therapies and resources.				X
4. Participating on the Georgia Addressing Asthma from a State Perspective (GAASP) internal management and steering committees.				X
5. Developing training and evaluation program for Public Health Nurses to provide asthma case management to asthmatic children in Georgia.				X
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Developed, through Georgia Addressing Asthma from a State Perspective (GAASP), The Strategic Plan for Addressing Asthma in Georgia 2004. Plan includes a description of the burden of asthma in Georgia, an assessment of state resources and gaps, strategies to decrease the burden of asthma, and methods to identify and promote key messages to the general public and health care providers. (Infrastructure)

In collaboration with the Centers for Disease Control and Prevention, Environment Protection Agency;, American Lung Association (ALA) of Georgia, and other community organizations, conducted World Asthma Day activities to raise awareness about asthma and its burden. (Enabling)

Partnered with ALA to provide an Asthma 101 program to parents, educators, and school nurses. Also provided the Open Airways for Schools curriculum to middle schools and Camp Breathe Easy, a residential pediatric asthma program for children. (Enabling)

Awarded grant-in-aid funds, ranging from $5,000 to $10,000, to eight Georgia public health districts/coalitions to conduct interventions and implement asthma prevention strategies to serve communities that are disproportionately affected by asthma. (Infrastructure)

Offering trainings, provided by the state asthma program's partner, the Medical Association of Georgia, to healthcare providers to improve their knowledge, attitudes, and practices in asthma management. (Enabling)

Contracted with a local university to provide an asthma case management train-the-trainer program to public health nurses (PHN) representing each health district. Participating PHNs will train PNS statewide to be asthma case managers. (Enabling)

In collaboration with Children's Healthcare of Atlanta, developed and distributed a template for school policy to support self-administration of asthma medications in schools. (Enabling)

c. Plan for the Coming Year

Not applicable. Georgia has selected ten new state performance measures.

E. OTHER PROGRAM ACTIVITIES

DHR has over 45 information lines; 12 are located in DPH. Several of the DPH toll-free hotlines offer access points in the entire MCH service system. Georgia's Title V toll-free hotline, Powerline, is run by Healthy Mothers, Healthy Babies (HMHB) under a FHB contract. Powerline assists women, pregnant women, parents, health care providers, social service agencies, community organizations, and any other individual or agency experiencing difficulties in obtaining information about health care and/or health care services. The Powerline offers services in English and Spanish. Caseworkers are available Monday-Friday 8:00 AM through 7:00 PM to provide callers with access to information on local general practitioners and medical specialists; local dentists; prenatal healthcare services; low cost healthcare resources for the uninsured; WIC customer service; HIV testing sites; Children 1st; dental, vision, and hearing screening facilities; breastfeeding information resources; other healthcare and public health referrals; and a PeachCare application that can be completed over the phone. In addition, the Powerline maintains the most comprehensive database of Georgia's Medicaid and PeachCare accepting providers, public health programs, and community/low cost health services. For callers not eligible for Medicaid or PeachCare, the hotline provides information on healthcare providers that offer low cost or sliding scale fee services. In 2004, the Powerline assisted 15,526 individuals experiencing difficulties or delays in accessing healthcare services. Approximately 44% of callers were African American, 35% White, 14% Hispanic, and 3% Asian. Over 25% of callers were referred to dental care providers. The second and third top referrals were to WIC and to general physicians.

In 2000, HMHB began working with DPH's HIV Section and the FHB's Women's Health to help implement the social marketing component of the state's CDC funded Perinatal HIV Transmission Project. The project continues to utilize the Powerline as its access point for women to obtain information on HIV testing and counseling services. The Powerline also continues its relationship with the Georgia SIDS Project and DPH's statewide Universal Hearing Screening and Intervention Initiative by referring callers to these services as needed. In November 2002, Powerline began

accepting WIC customer services calls. Powerline staff provide callers with general information about WIC services as well as assistance in locating local WIC offices. Since beginning its partnership with WIC, Powerline has assisted over 14,000 callers. In 2004, Powerline expanded its services and began assisting callers by filling out PeachCare applications over the phone. This extension of services assists those Georgians whose children are eligible for PeachCare but whose families do not have Internet access to the online application form. Powerline has filed over 800 PeachCare online applications for families over the last year.

Babies Can't Wait (Part C, IDEA) supports a separate toll-free number for families of children with special needs that provides a central directory of public and private early intervention services, research and demonstration projects, professional groups, parent support groups and advocate associations available in the state for children with or at risk for developmental delays or disabilities. This central directory is operated by Parent-to-Parent of Georgia, a statewide parent-run organization. A unique feature of the hotline is that a parent of a child with a disability answers the phone. In addition to obtaining information about services, callers can be matched with supporting parents whose children have similar disabilities. The BCW contract with Parent to Parent also includes elements related to referral and supports for families of children with special needs of all ages. Parent to Parent is also responsible for tracking referrals and requests for information from women with NTD affected pregnancy. Other information lines that offer services for MCH populations include the WIC Hotline, Tobacco Quit Line, and the Lead Program Epidemiology Information Line.

Outside of funded MCH activities, there are a number of other program activities comprising the MCH system that significantly impact the Title V population. These programs include Health Check (EPSDT), Right from the Start Medicaid, WIC along with WIC nutrition services, Family Planning, and Immunization, as well as activities focused on CSHCN, such as the Governor's Council on Developmental Disabilities and Social Security determination. The relationship between the MCH program and these activities is described in III. State Overview, Sections C (Organizational Structure) and D (Other Capacity) of this block grant application. The family leadership and support activities are also discussed in a subsection the Other Capacity Section.

F. TECHNICAL ASSISTANCE

The FHB is focusing on systems building related to all levels of the pyramid. The Branch's four requested technical assistance areas reflect this direction. FHB technical assistance needs include: 1) enhancing Women's Health services; 2) integrating FHB services with other MCH providers; 3) providing MCH services in a managed care environment; and 4) maximizing Title V and Title XIX collaboration.

V. BUDGET NARRATIVE

A. EXPENDITURES

A. EXPENDITURES

State and federal funds are allocated based on priority needs identified through the MCHBG development process. This process includes reviewing health status and outcomes for women and children, projecting future needs and assessing current capacity/infrastructure. The Branch, in concert with the Division of Public Health, makes recommendations for funding levels for services to women and children. These funding requests are then processed through the Georgia General Assembly's Annual Appropriations Bill. The Department of Human Resources (DHR) also develops a fact sheet on the MCHBG. This fact sheet, which includes Title V requirements, line item description of the Title V budget, and a brief description of each program/service that is funded with Title V funds, is distributed statewide and is used for the public hearing process. Interested partners, stakeholders, families, and advocates are encouraged to provide testimony to the DHR Board on the appropriateness and use of Title V funds.

The state required match on our FFY 2004 MCHBG Budget of $17,348,033 is $13,010,025. Using Georgia's Office of Financial Services MCH Block Grant Expenditure Report, the FFY 2004 state match is $17,580,077 (as of 6/13/05). Georgia's maintenance of effort (MOE) level is $36,079,622. Our current MOE level is $32,510,855 for the FFY 2004 grant as of 6/13/05.

B. BUDGET

V. BUDGET NARRATIVE

B. NEXT YEAR'S BUDGET

The Department of Human Resources has a system of accountability to monitor the allocation and expenditures of funds provided to local health districts. The department utilizes the computer program, Uniform Accounting System (UAS), where the local health districts' administrative personnel input budget (funds that are allocated by programs such as Children with Special Health Care Needs) and expenditures. The Office of Planning and Budget Services approves all allocations to the local health districts. Reconciliations are made on a quarterly basis. In addition to the department staff, there are staff the Family Health Branch and Division of Public Health levels that monitor programs quarterly and provide technical assistance where needed.

The FFY 2006 Budget for the Federal-State block grant partnership totals $297,157,669. Of this amount, $17,348,033 is Title V funds. The remaining amounts represent State Funds totaling $125,220,527 and $142,689,139 in Other Funds, and $11,899,970 in Program Income. Other Federal funds that support Maternal and Child Health (MCH) activities in Georgia are estimated at $182,953,848. This represents a variety of Federal Programs including four (4) Healthy Start Projects; Abstinence Education; Emergency Medical Services for Children (EMSC); Women, Infants, and Children (WIC), State Systems Development Initiative (SSDI), Universal Hearing Screening, and Healthy Child Care 2000. This brings the grand total for the State MCH Budget to $480,111,517 (see line 10 of Form 2).

For FFY 2006, $133,495,136 is budgeted for Direct Medical Care Services, $29,193,101 for Enabling Services, $108,299,597 for Population-Based Services, and $26,169,835 for Infrastructure Building Services.

The total Federal-State Block Grant Partnership for FFY 2006 includes approximately $11,899,970 in Program Income (See Form 2, line 6). This income is derived from Medicaid earnings for services provided to pregnant and post partum women, preventive health care services to children, and reproductive health services to women.

Of the Title V requested allocation ($17,348,033), $8,278,740 or 47.72% is earmarked for preventive and primary care for children. Infants < 1 year old - The block grant funds ($3,209,059) are used to support the Vaccines for Children's Program, positions and administration of High Risk Infant Follow-up - home visits for medically fragile infants and newborns. Title V-leveraged services for this population include: Pregnancy Related Services - Medicaid post partum home and clinic visits through 1st year of life, Neonatal Intensive Care Unit (NICU) Benefits and Administration - 6 tertiary centers statewide which provide clinical care and education services for high risk newborns, education to prevent Sudden Infant Death Syndrome (SIDS), single point of entry - Children 1st , MCH Drugs, and staffing for Local Health Districts; Children 1-22 years old: Title V funds ($5,069,681) are use in this area for, Lead Based Poisoning, Oral Health (contract with Richmond County Board of Health to provide dental services to mothers, infants, and children in the Augusta health district and to provide training opportunities for pediatric dental residents in a mobile clinic environment.), and Vaccines for Children. The Title V-leveraged services for this population include EPSDT Health Check - quality assurance, Children 1st, School Health - Georgia Cooperative Health Manpower Education Program (CHEP) contract for public health and school nurse training, school health programs in 5 health districts and other technical assistance for school nurses, staffing for Local Health Districts, Family Connection - help partners strengthen families in Georgia by building their capacity to develop relationships and implement community-driven plans, linking community priorities and efforts to state decision makers and promote "what works" using research and evaluation, and connecting partners to each other and to the statewide network of 159 Family Connection county collaborative, and the MATCH Program - a system that supports services for children with severe behavior and/or health problems. Approximately 47% (46.94), or ($8,142,710), is earmarked for Children with Special Health Care Needs to support Genetic/Sickle, Children Medical Services and Pediatric AIDS. There is 3.13% or $543,328, earmarked for Title V administrative costs, used to support positions and administration. These positions provide data, quality assurance, technical assistance, policy, planning, and operational services that support and enhance the State's MCH system. These percentages are in keeping with the 30/30 required by Title V. The remaining $383,255 is used to support comprehensive health services for (pregnant) women. The Title V leveraged services are: Babies Born Healthy - prenatal care for uninsured low income, six Tertiary Care Centers - high risk maternal services, Perinatal Case Management - case management for pregnant Medicaid women, Resource Mothers - support for pregnant teens, Local Health Districts - staff to provide case management, nursing, and support, and MCH Drugs.

We do not anticipate any budget issues relative to MCH Block Grant Match requirements for the FFY 2006 budget.

VI. REPORTING FORMS-GENERAL INFORMATION

Please refer to Forms 2-21, completed by the state as part of its online application.

VII. PERFORMANCE AND OUTCOME MEASURE DETAIL SHEETS

For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

VIII. GLOSSARY

A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. TECHNICAL NOTE

Please refer to Section IX of the Guidance.

X. APPENDICES AND STATE SUPPORTING DOCUMENTS

A. NEEDS ASSESSMENT

Please refer to Section II attachments, if provided.

B. ALL REPORTING FORMS

Please refer to Forms 2-21 completed as part of the online application.

C. ORGANIZATIONAL CHARTS AND ALL OTHER STATE SUPPORTING DOCUMENTS

Please refer to Section III, C "Organizational Structure".

D. ANNUAL REPORT DATA

This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.